DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 24 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29224

Registration District No. 609 Primary Registration District No. 5809 Registrar's No. 96

1. PLACE OF DEATH:

(a) County NEWTON

(b) City or town NEOSHO RURAL Rt 3
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: WEST BENTON TWP. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 60 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON

(c) City or town NEOSHO RURAL Rt 3
(If outside city or town limits, write "RURAL")

(d) Street No. WEST BENTON TWP
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME William Gregory Rhinehart

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of ~~husband~~ or wife Jessie Rhinehart

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Nov (Month) 5 (Day) 1865 (Year)

8. AGE: Years 74 Months 9 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Memphis (City, town, or county) TENNESEE (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name John Rhinehart
13. Birthplace (City, town, or county) TENN (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant's own signature [signature]
(b) Address NEOSHO MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 9 1940 (Month) (Day) (Year)
(c) Place: burial or cremation MANESS CEMETERY

18. (a) Signature of funeral director [signature]
(b) Address NEOSHO MISSOURI

19. (a) 8-31-40 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 8 year 1940 hour 7 minute A M.

21. I hereby certify that I attended the deceased from Aug 7th, 1940, to Aug 8, 1940 that I last saw him alive on AUGUST 7, 1940, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Intestines

Due to Not known

Due to

Other conditions (Include pregnancy within 3 months of death) 46

Major findings: Of operations None

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 543 (Specify type of place)

While at work? (e) Means of injury ?

23. Signature Melvin McCullough (M. D. or other) D.O.

Address SAV BK BLDG Neosho, Mo. Date signed 8/19/40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 6,
District File Number 940-2627
Date Filed SEP 18 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Marellen Williams, Registered Apprentice No. 234 working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 7689

P. O. Address Neosho Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.