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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

35801

State File No.

Registration District No. 347 NOV 20 1940 Primary Registration District No. 3029 Registrar's No. 292

**1. PLACE OF DEATH:**

(a) County Marion

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

(c) Name of hospital or institution: Levering Hosp. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 dys (Specify whether
In this community
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Marion

(c) City or town Hannibal
(If outside city or town limits write "RURAL")

(d) Street No. Highway 36
(If rural, give location)

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

3. (a) PRINT FULL NAME Darthulia Rhoades

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Jefferson E. Rhoades

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

7. Birth date of deceased November 5, 1852 (Month) (Day) (Year)

8. AGE: Years 87 Months 11 Days If less than one day hr. min.

9. Birthplace Ralls County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife XX 1

11. Industry or business XX 1

FATHER
12. Name Henry Utterback
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Nora Brooks
(b) Address Hannibal Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/7/40 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Olivet Cem.

18. (a) Signature of funeral director Crawford Smith
(b) Address 902 Broadway

19. (a) Oct. 8, 1940 (Date received local registrar) (b) W. C. Fisher (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 5
year 1940 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from 10-1, 1940, to 10-5, 1940;
that I last saw her alive on 10-5, 1940;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Chronic myocarditis | 1 yr |
| Due to Arteriosclerosis, General | 2 yrs |
| Due to — | |
| Other conditions — (Include pregnancy within 3 months of death) | |
| Major findings: Of operations — | |
| Of autopsy — | |

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) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? — (Specify type of place)
While at work? — (e) Means of injury —

23. Signature Howard Endrick (M. D. or other) M
Address Hannibal Mo Date signed 10-8-40

(Licensed Embalmer's Statement on Reverse Side)

## 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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Joseph J. Marsh x

Licensed Embalmer No. 3932

P. O. Address Hannibal Missouri

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

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