No. 2
11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 35814

Registration District No. 547 — Primary Registration District No. 30-295738 — Registrar's No. 307

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

**1. PLACE OF DEATH:**

(a) County: Marion

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

(c) Name of hospital or institution: Hannibal on 6 Mile West of Wabash Right-a-Way (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 (Specify whether

In this community: years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Marion Co ~~Rolls~~ Wood

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

(d) Street No. 2927 Boling (If rural, give location)

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

**3. (a) PRINT FULL NAME:** Frederick Richard Rhody

3. (b) If veteran, name war: ..... 3. (c) Social Security No. 719-18-4649

4. Sex: Male — 5. Color or race: White — 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Stella — 6. (c) Age of husband or wife if alive: 57 years

7. Birth date of deceased: January (Month) 31, (Day) 1883 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 57 | 8 | 22 | hr. ..... min. |

9. Birthplace: Macon County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Section Hand 0

11. Industry or business: Wabash Railroad 6

FATHER
12. Name: Richard Rhody 6
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Clara Melhase
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Stella M. Rhody

(b) Address: 2927 Boling Avenue Oakwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10 (Month) /24 (Day) /40 (Year)

(c) Place: burial or cremation: Grandview Burial Park

18. (a) Signature of funeral director: Wm M. Smith

(b) Address: 902 Broadway

19. (a) Oct. 24-1940 (Date received local registrar) (b) N. C. Fisher (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 22 year 1940 hour 3: minute 30 P.M.

21. I hereby certify that I attended the deceased from 10-22-40 19.., to 10-22-40 19..; that I last saw him alive on dead 10-22-40 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Fibrillation (This man was seen shortly after death and from history of having been working and died while taking short rest without previous complaint gives foundation for diagnosis) — Duration

Due to: ..... Due to: .....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: no

Of autopsy: no

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? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 48 (Specify type of place)

While at work? ..... (e) Means of injury: .....

23. Signature: [signature] (M. D. or other) 1

Address: Hannibal Mo Date signed: .....

(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

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.**