

Registration District No. 890

Primary Registration District No. 4639

State File No. _____

Registrar's No. 27

1. PLACE OF DEATH: Wayne
 (a) County _____
 (b) City or town Greenville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home of Dr. Wagner
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days 2

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Wayne
 (c) City or town Greenville
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Sarah Adeline Rhodes
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 15
 year 1940 hour 5 minute P. M.
 21. I hereby certify that I attended the deceased from May - 1940
 1940 to Nov. 15 1940
 that I last saw her alive on Nov. 15 1940
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife John F. Rhodes
 6. (c) Age of husband or wife if alive deceased years
 7. Birth date of deceased: November 8, 1857
 (Month) (Day) (Year)

Immediate cause of death Senile Dementia
since May - 1940
 Duration _____

8. AGE: Years 83 Months _____ Days 7 If less than one day _____ hr. _____ min.

Due to Arterio Sclerosis
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

9. Birthplace Piedmont, Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business _____
 12. Name John F. McGhee
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Harris
 15. Birthplace Georgia
 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations _____
 Of autopsy _____

16. (a) Informant Mrs. John Wagner
 (b) Address Greenville, Mo.
 17. (a) Burial (b) Date thereof Nov. 17, 19
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hickman Cemetery
 18. (a) Signature of funeral director Sam - Leuchel
 (b) Address Van Buren Mo
 19. (a) Dec 23 40 (b) Mabel Beasley
 (Date received local registrar) (Registrar's signature)

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?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature John F. Wagner (M. D. or other) MD
 Address Greenville, Mo Date signed _____

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

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 J. Allen Dennis Jr.
Licensed Embalmer No. 4853
P. O. Address Von Sueden

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, fact should be so stated above.