

No. 2  
4-12-40  
5-17-39  
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FEB 14 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1800

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 29

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

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(c) Name of hospital or institution: St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 da. (Specify whether  
In this community 20 years years, months or days)

3. (a) PRINT FULL NAME William Henry Rhoades  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Male  
5. Color or race white  
6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Unknown  
6. (c) Age of husband or wife if alive Unk years  
7. Birth date of deceased April 1, 1859 (Month) (Day) (Year)

8. AGE: 81 Years 9 Months 7 Days If less than one day hr. min.

9. Birthplace Unknown 1850 Penn (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Gas Service Co

12. Name Samuel Rhoades

13. Birthplace ? Penn (City, town, or county) (State or foreign country)

14. Maiden name Hannah Morris

15. Birthplace ? Penn (City, town, or county) (State or foreign country)

16. (a) Informant Dean Boyer

(b) Address 407 1/2 North 13th

17. (a) Removal (b) Date thereof 1-9-41 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Avr Iowa

18. (a) Signature of funeral director Tracy Barry Funeral  
(b) Address 218 South 10th St St Joseph

19. (a) Date received local registrar Jan 10 1941 (b) Registrar's signature [Signature]

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")  
(d) Street No. 1214 Frederick Ave (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 8 year 1941 hour minute 10 P.M.  
21. I hereby certify that I attended the deceased from 12-29 1940 to 1-8 1941 that I last saw him alive on 1-8 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Decompensated heart disease with auricular fibrillation  
Due to Atherosclerosis  
Other conditions (include pregnancy within 3 months of death) 95C  
Major findings: Of operations  
Of autopsy

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?

23. Signature [Signature] (M. D. or other) [Signature]  
Address [Signature] Date signed 1-9-41

**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 Victor J. Barry, Registered Apprentice No. 257  
working under my personal supervision.

Signed

John E. Myers

Licensed Embalmer No. 3220

P. O. Address St. Joseph, Mo

**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.**