

No. 2
4-12-40
-17-39
K 23156

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11372
Registrar's No. 76

Registration District No. 547

Primary Registration District No. 3029

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

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:
1512 Robinson Avenue
(If not in hospital or institution, write street number or location)

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

In this community 1
(Specify whether 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. 1512 Robinson
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME James William Rhoades

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1941 hour 5 minute 15 A. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Sarah Bell Rhoades 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July 12, 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May, 1941 to March 4, 1941
that I last saw him alive on March 3, 1941
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>7</u>	<u>22</u>	hr. _____ min.

Immediate cause of death
Coronary decomposition

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

Due to Senility

Due to 95°C

10. Usual occupation _____

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

11. Industry or business _____

12. Name William Rhoades

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

14. Maiden name Nancy Tolley

15. Birthplace Philadelphia Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations ✓

Of autopsy ✓

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Sarah Bell Rhoades
(b) Address 1512 Robinson Avenue

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

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence ✓

17. (a) Burial (b) Date thereof 3/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hope Cemetery

(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? ✓

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

While at work? ✓ (Specify type of place)
(e) Means of injury ✓

19. (a) March 5, 1941 (b) H. C. Fisher
(Date received local registrar) (Registrar's signature)

23. Signature W. H. Hays (M. D. secretary) ✓
Address Hannibal Date signed March 5/41

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

Signed *James A. Moler*
Licensed Embalmer No. 3296
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, fact should be so stated above.