

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 160

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Harrisburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. ELIZABETH HOSP. ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Marion Co.
(c) City or town Harrisburg
(If outside city or town limits, write "RURAL")
(d) Street No. 701 Linden
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Landon D. Rhoades

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maggie 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased. Oct. 25 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 23 If less than one day hr. min.

9. Birthplace Knox County, MO (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name George Rhoades

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

14. Maiden name W. Rhoades

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

16. (a) Informant L. Hays Rhoades

(b) Address 701 Linden, Harrisburg, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Canaan, Marion Co., Mo

18. (a) Signature of funeral director James O. Jones

(b) Address Harrisburg, Mo
19. (a) May 19, 1941 (Date received by registrar) (b) H. C. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1941 hour _____ minute 5 1/2 A.M.

21. I hereby certify that I attended the deceased from May 15 - 1941 to May 16 1941; that I last saw him alive on May 15 - 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Failure, acute Duration 3 hrs

Due to Appendicitis + operation

Due to Anterior sclerosis

Other conditions 121
(Include pregnancy within 3 months of death)

Major findings: Of operations Acute gangrenous appendicitis
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? _____

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

23. Signature H. C. Fisher (M. D. or other) _____
Address Harrisburg, Mo Date signed _____

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

0. 2
41
7-39
28390

FILED JUN 12 1941

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 *Michael J. Offenberg*

Licensed Embalmer No. *3246*

P. O. Address *Amman, NJ*

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

If this body is not embalmed, fact should be so stated above.