FILED JUL 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22329

Registration District No. 625 Primary Registration District No. 3031 Registrar's No. 82

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

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Frances O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Hours (Specify whether
In this community 52 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew 2
(c) City or town near Whitesville Mo (If outside city or town limits, write "RURAL")
(d) Street No. O (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Edward Rhoads
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Goldie Rhoads
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Oct (Month) 28 (Day) 1889 (Year)

8. AGE: Years	Months	Days	If less than one day
51	7	29	hr. min.

9. Birthplace Nodaway co (City, town, or county) O Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Elizah Rhoads
13. Birthplace Nodaway co (City, town, or county) O Mo (State or foreign country)
MOTHER
14. Maiden name Lucy Buchingham
15. Birthplace Peoria (City, town, or county) 1 Ill (State or foreign country)
16. (a) Informant Lucy Rhoads
(b) Address Savannah Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Guilford Mo
18. (a) Signature of funeral director E. C. Brett
(b) Address Savannah Mo
19. (a) 6-18-41 (Date received local registrar) (b) Mamie E. Clardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1941 hour 3 minute 30 P M.
21. I hereby certify that I attended the deceased from 12 noon to 330 PM 6-17-41, 19 to , 19 ; that I last saw him alive on 6-17 , 1941 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Fracture of skull from self inflicted
Due to Bullet wound in Rt side skull
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 164
Of autopsy

Duration

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) Suicide
(b) Date of occurrence 6-17-41 12 noon
(c) Where did injury occur? Andrew Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At Farm Home of Lester Lewis (Specify type of place)
While at work? (e) Means of injury gun
23. Signature R C Long (M. D. or other) D
Address Savannah Mo Date signed 6-18-41

(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 E. E. Brent

Licensed Embalmer No. 2650

P. O. Address Savannah M

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

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