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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Filed 39096
State File No. 39096
Registrar's No. 134

Registration District No. 677

Primary Registration District No. 4403

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla Mo
(c) Name of hospital or institution: 1
(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. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Phelps
(c) City or town Rolla
(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 Mrs. Mary J Rhodes
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 8
year 1941 hour 5:00 minute PM

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wm H Rhodes 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 16, 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 7 - 1941, to Oct 8 - 1941
that I last saw her alive on Oct 8 - 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 2 Days 22 If less than one day
_____ hr. _____ min.

Immediate cause of death Lobar pneumonia
(left lower lobe) Duration 3 days

9. Birthplace Belvedere New Jersey
(City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions Senility 108
(Include pregnancy within 3 months of death)

11. Industry or business _____
MOTHER FATHER { 12. Name J. Crusta
13. Birthplace New Jersey
(City, town, or county) (State or foreign country)
14. Maiden name Dont Know
15. Birthplace Dont Know
(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 Wm Rhodes
(b) Address Rolla Mo
17. (a) Burial (b) Date thereof 10/9/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Barnwell Cem. Broadway
18. (a) Signature of funeral director Mrs Harry M. Caw
(b) Address Rolla Mo
19. (a) Oct. 9, 1941 (b) Jo F. Myers
(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 E. E. Fend (M. D. or other) MD
Address Box 534 Rolla Mo Date signed 10-20-41

010 (Licensed Embalmer's Statement on Reverse Side)

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 Max Warfel
Licensed Embalmer No. 4170
P. O. Address Salem 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.