

JAN 7 1942
Registration District No. 289

Primary Registration District No. 5407

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Malden Rural, Co. Ark
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 1/2 mile west Malden
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community about 35-yr. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Dunklin 35
(c) City or town Malden - Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mi west Malden 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11th
year 1941 hour 9 minute 35 P.M.

21. I hereby certify that I attended the deceased from June 12
1941 to Dec 11 1941
and that death occurred on the date and hour stated above.
that I last saw him alive on Dec 11 1941

Immediate cause of death Primary Anemia Duration 1 year

Due to addison's disease

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)
65a

Major findings: _____
Of operations _____
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)
Means of injury _____

23. Signature S.E. Mitchell (M. D. or other) MD
Address Malden mo Date signed 12/12/41

3. (a) PRINT FULL NAME John W. Rhodes

3. (b) If veteran, name war _____ 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 Mary Rhodes 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August 7 - 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name John W. Rhodes

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

14. Maiden name Marion Kinder

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

16. (a) Informant Frank Rhodes

(b) Address Malden, mo.

17. (a) Burial (b) Date thereof 12-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plain View

18. (a) Signature of funeral director Landerston

(b) Address Cambridge, mo.

19. (a) 12/12/1941 (b) S.E. Mitchell
(Date received by registrar) (Registrar's signature)

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

5
0
0

262

RECEIVED

District Health Office No. 2,

District File Number 142-8

Date Filed 12-6-42

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 Christina M. Landess

Licensed Embalmer No. 4224

P. O. Address Campbell, 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.