

FILED FEB 27 1942

Registration District No. _____

Primary Registration District No. 5153

Registrar's No. 3

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

1. PLACE OF DEATH:
 Callaway
 (a) County
 (b) City or town Rural Sullivan township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1 mile north of Fulton, Mo
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 9 Months
 years, months or days

3. (a) PRINT FULL NAME Florence Agnes Rhoads
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife John M. Rhoads
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 22 1868
 (Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 15
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Same

12. Name James Watson

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

14. Maiden name Mary A. Haley

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

16. (a) Informant Mrs. M. S. Norman

(b) Address Fulton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10, 1942
 (Month) (Day) (Year)

(c) Place: burial or cremation Half Rock, Missouri

18. (a) Signature of funeral director Wallace Rumeral Home
 (b) Address Fulton, Missouri

19. (a) 1-9-42 (Date received local registrar) (b) (Signature) (Health officer's signature)

2. USUAL RESIDENCE OF DECEASED:
 14
 (a) State Missouri (b) County Callaway
 (c) City or town Rural (If outside city or town limits, write "RURAL")
 (d) Street No. 1 Mile north of Fulton, Mo. (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
 year 1942 hour 11 minute _____ M.
 21. I hereby certify that I attended the deceased from a few
months before death 19____ to _____ 19____
 that I last saw her alive on Jan 7 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death
chronic myocarditis
arteriosclerosis

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

Major findings:
 Of operations g3d
 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) _____
 (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 (Signature) (M. D. or other)
 Address Fulton, Mo Date signed 1/9/42

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 *Dwight B. ...*
Licensed Embalmer No. *3940*
P. O. Address *7 West 6th St. Fulton, 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.