

S. No. 2
M-5-42
7. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42196

State File No.

FILED JAN - 6 1943
Registration District No. 537

Primary Registration District No. 6141

Registrar's No. 119

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

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Lakenan
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Years
In this community 30 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
(c) City or town Lakenan
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Eugene 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 Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 18th 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 10 28 hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Edwin Rhodes

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

14. Maiden name Caroline Chenny

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

16. (a) Informant Omer Rhodes

(b) Address Chicago, Ill

17. (a) Burial (b) Date thereof 12/18/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina Mo.

18. (a) Signature of funeral director Mission + Bartel

(b) Address Shelbina Mo.

19. (a) Jan 4, 1943 (b) Madge Wood
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day 16th
year 1942 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from Dec. 15th
1942 to Dec. 15th 1942
that I last saw him alive on Dec. 15th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bright's Disease. Duration 20yrs.

Due to

Due to

Other conditions Senility. 1312
(Include pregnancy within 3 months of death)

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) (b) Means of injury

23. Signature [Signature] (M. D. or other) [Signature]

Address Shelbina Mo. Date signed 1/27/43

RECEIVED

District Health Officer No. 10

District File Number 1-43-4136

Date Filed Jan - 5 - 1943

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 Henry G. Bartelme

Licensed Embalmer No. 3835

P. O. Address Delaware, 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.