

FILED FEB 19 1944

5720

38

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Bewers Rural
(c) Name of hospital or institution: Liberty Hosp.
(If not in hospital or institution, write street number location)
(d) Length of stay: In hospital or institution: -
In this community - years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon 61
(c) City or town Bewers Rural
(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

ORA E. RHOADS

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ross Rhoads 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased 2-19-1886
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 2 year 1944 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 31 1943 to Jan 2 1944 that I last saw her alive on Jan 2 1944 and that death occurred on the date and hour stated above.

Immediate cause of death acute heart failure Duration 40 hours

Due to Influenza 1 week

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 330

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) (e) Means of injury 2

23. Signature P. L. Suddan M. D. or other DO
Address Illas, Mo Date signed 1/14/44

MOTHER FATHER

11. Industry or business

12. Name W. Burch

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

14. Maiden name 9

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

16. (a) Informant Ross Rhoads
(b) Address Bewers, Mo - Rural

17. (a) Burial (b) Date thereof 1-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evans Church Cemetery

18. (a) Signature of funeral director R. S. Edwards
(b) Address Bewers, Mo

19. (a) 1-13-44 (b) Winnie L. Rowland
(Date received from Registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 10

District File Number 2-44-352

Date Filed FEB 8 1944

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.....

D. G. Edwards

Licensed Embalmer No.

1961

P. O. Address.....

P. Lewis, Jr.

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.