

FILED OCT 27 1944

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 503

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Jasper
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days.
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Ark. (b) County Izard.

(c) City or town Calisprout
(If outside city or town limits, write "RURAL")

(d) Street No. Main St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME THURSA J RHOADES

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15th
year 1944 hour 11 minute _____ A.M.

4. Sex Female 5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thomas Rhoades

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

7. Birth date of deceased Mar. 7. 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 9, 1944 to Oct 15, 1944

that I last saw her alive on Oct 14th, 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 7 Days 8 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Occlusion

Due to Cerebral Hemorrhage

Due to Chronic Nephritis

9. Birthplace Arnton Mo. (1)
(City, town, or county) (State or foreign country)

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

10. Usual occupation Housewife

11. Industry or business None

Major findings: Of operations _____

12. Name James Smith

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

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

14. Maiden name Unknown

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

16. (a) Informant Ted. Rhoades

(b) Address Calisprout Ark.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof Oct. 15 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springcrest Ark.

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

18. (a) Signature of funeral director Ed. C. Cramer

(b) Address Carters

(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

19. (a) 10-17-44 (b) Gutierrez
(Date received local registrar) (Registrar's signature)

23. Signature W. E. Kelham (M. D. or other) DC

Address Sarcox Mo Date Oct 15 44

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

519

27704th T ARJHT

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

E. DeLester

Licensed Embalmer No. *2222*

P. O. Address. *Carthage*

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.