

FILED NOV 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 350834

Registration District No. 299

Primary Registration District No. 5998

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Putman  
(b) City or town Northington *John*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: *York Hosp*  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler *9-2*  
(c) City or town Worthington *Elm 18*  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) *0*  
(e) Citizen of foreign country? *No* (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Isaac B. Rhoades

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male *0*

5. Color or race White

6. (a) Single, widowed, married, divorced, widowed *5*

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased June

(Month)

16

(Day)

1867

(Year)

8. AGE:

Years

Months

Days

If less than one day

77

3

23

hr.

min.

9. Birthplace \_\_\_\_\_

(City, town, or county)

Missouri *0*

(State or foreign country)

10. Usual occupation \_\_\_\_\_

Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name

Daniel Rhoades

13. Birthplace \_\_\_\_\_

not known *9*

(City, town, or county)

(State or foreign country)

14. Maiden name \_\_\_\_\_

Francis Rhoads

15. Birthplace \_\_\_\_\_

not known *9*

(City, town, or county)

(State or foreign country)

16. (a) Informant \_\_\_\_\_

Mr Hubert Morgan

(b) Address \_\_\_\_\_

Norwinger Mo

17. (a) \_\_\_\_\_

burial

(b) Date thereof \_\_\_\_\_

Oct. 11, 14  
(Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

Pleasant Home Cem.

18. (a) Signature of funeral director \_\_\_\_\_

Wm G West

(b) Address \_\_\_\_\_

Lawrence City Mo

19. (a) \_\_\_\_\_

(Date received local registrar)

(Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Sept. 15, 1944, to Oct. 9, 1944, that I last saw him alive on Oct. 6, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of prostate *Duration*

Due to Age & infection *11*

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J S Gashner (M. D. or other)  
Address Norwinger Mo Date signed 10/18/44

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

1867

RECEIVED

District Health Officer No. 10

District File Number 11-44-1937

Date Filed NOV 10 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 Self

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Wm J West

Licensed Embalmer No. 2882

P. O. Address Queens City 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.