

1. PLACE OF DEATH:

(a) County Andrew Wodaway Twp
(b) City or town Savannah Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 19 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Savannah Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Wodaway Twp.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Catherine Lucinda 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 widow
6. (b) Name of husband or wife Elgin Sigle Rhoads 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 9 18 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER

12. Name Unknown
13. Birthplace _____ Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____ Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Lewis
(b) Address Savannah Mo
17. (a) Burial (b) Date thereof 11-22-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MO

18. (a) Signature of funeral director Mrs. M. E. Suddards Fox
(b) Address St. Joseph's
19. (a) 11-22-1944 (b) J. H. Fitchman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21th
year 1944 hour 1:15 minute P. M.

21. I hereby certify that I attended the deceased from November 18th, 1944, to November 20, 1944; that I last saw her alive on November 20th, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis Duration unknown

Due to Arteriosclerosis Several years

Due to _____
Other conditions _____ (Include pregnancy within 3 months of death) 92d

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:
(c) 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 Neve M. Steilly (M. D. or other) Do
Address Savannah Mo Date signed 11/26

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

200

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 Mollie E. Siskind
Licensed Embalmer No. 4235
P. O. Address St. Joseph, 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.