

FILED DEC 21 1944
Dr. Bruce

Registration District No. 77

Primary Registration District No. 2016

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days) 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 532 Capitol Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Lila Rhoades

3. (b) If veteran, name war..... 3. (c) Social Security No. none

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wiley Rhoades
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased May 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 7 hr. min

9. Birthplace Cole County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name William Scott
13. Birthplace Cole County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Jean Hunter
15. Birthplace Cole County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lila Rhoades
(b) Address Jefferson City, Missouri
17. (a) Burial (b) Date thereof Dec-7-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thos. J. Gordon
(b) Address Jefferson City, Missouri
19. (a) 12-8-44 (b) Thomas (Picta)
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6th
year 1944 hour 8 minute 30 M.

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

Immediate cause of death Coronary thrombosis
Heart & brain Duration

Due to arteriosclerosis

Due to cerebral hemorrhage

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy 94d

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.....
23. Signature Dr. Bruce (M. D. or other) MD
Address Jefferson City Date signed 12/8/44

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

56
4

RECEIVED.

District Health Officer No. 9,

District File Number _____

Date Filed 12-19-44

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 Louis Quent

Licensed Embalmer No. 4096

P. O. Address Jefferson 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.