

FILED NOV 13 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 71

Primary Registration District No. 4129

Registrar's No. 130

1. PLACE OF DEATH:

(a) County CLAY
(b) City or town MOSBY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
GENERAL DELIVERY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community LIFETIME
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLAY 24
(c) City or town MOSBY 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME MARY B. RHODUS

20. DATE OF DEATH: Month OCT. day 20TH
year 1945 hour 1 minute 45 P.M.

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

21. I hereby certify that I attended the deceased from Aug. 10, 1945 to Oct. 20, 1945
that I last saw her alive on Oct. 19, 1945
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife THOMAS J. RHODUS 6. (c) Age of husband or wife if alive years
7. Birth date of deceased NOV. 16, 1858
(Month) (Day) (Year)

Immediate cause of death Maemic Poisoning 82 Wk
Due to Chronic Intestinal Nephritis
Due to Chronic Arterial Sclerosis

8. AGE: Years 86 Months 11 Days 4 If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death) 31 W

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

Major findings: Of operations none made
Of autopsy none made

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name THOMAS M. GASH

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

14. Maiden name ELIZABETH SYLVIA

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

16. (a) Informant Mrs Guy Means

(b) Address MOSBY, Mo.

17. (a) BURIAL (b) Date thereof 10-23-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SHADY GROVE

18. (a) Signature of funeral director Claude Prichard

(b) Address EXCELSIOR SPRINGS, Mo.

19. (a) 11-1-1945 (b) Caroline Hutchings
(Date received local registrar) (Registrar's signature)

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (Specify type of injury)

23. Signature John L. Traylor M.D. or other MD

Address Excelsior Springs Date signed 10/21/45

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

24
0
U

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 11-9-45

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..... *S. S. White*.....

Licensed Embalmer No. 4168.....

P. O. Address Exelior Springs, Md.

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.