

FILED NOV 16 1945

Registration District No. 201

Primary Registration District No. 201

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
In this community 5 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1015 West 13th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rebecca Newman Rhode

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W / 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Charles Rhode 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar. 29, 1874
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 19 If less than one day hr. _____ min. _____

9. Birthplace England 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace 1
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Rhode S.

(b) Address 1015 West 13th, Joplin

17. (a) Removal (b) Date thereof 10-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Mo

19. (a) 10-18-45 (b) Ed D. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1945 hour 2 minute 0 P. M.

21. I hereby certify that I attended the deceased from 39-21
1945 to 10-18, 1945
that I last saw him alive on 10-18, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failed resulting history of many years

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

Major findings: Of operations _____
Of autopsy 61

Duration

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 5

23. Signature Ed D. Jones (M. D. number) _____
Address Joplin, Mo Date signed 10-15-45

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

45-10-826

JUL 18 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address John 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.