.S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41261 ✓

State File No. .....

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1007

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
501 East Loren /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 501 East Loren 6
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Maple Abigale Rhodes
3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex Female /
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife James A. Rhodes
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased June 11, 1885 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	60	5	27	....hr. ....min.

9. Birthplace Springfield, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business In Home
FATHER
12. Name Joseph C. Dodson
13. Birthplace Unk - Tennessee / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Maude Mack
15. Birthplace Springfield, Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant James A. Rhodes Jr.
(b) Address 456 E. Bennett St., Spfd, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 11, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park
18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield, Missouri
19. (a) 12-11-45 (Date received local registrar) (b) S. M. Handley (Registrar's signature)

484 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8 year 1945 hour ..... minute 9:30p M.
21. I hereby certify that I attended the deceased from November 4, 1944 to December 8, 1945 that I last saw he alive on December 2, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic heart disease with congestive failure.	2 yrs
Due to Generalized arteriosclerosis.	10 yrs
Due to	
Other conditions Diabetes mellitus (Include pregnancy within 3 months of death)	10 yrs

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 Thomas S. Harris M.D. (M. D. or Coroner)
Address Springfield, Mo. Medical Arts Bldg. Date signed 12/10/45

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 Max Rhodes

Licensed Embalmer No. 407

P. O. Address Springfield

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.