DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41512

Registration District No. 156

Primary Registration District No. 2001

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: pronounced dead arrival St. Johns Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 5 (Specify whether years, months or days)

In this community: 4 years. 3

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 49

(c) City or town: Joplin 21
(If outside city or town limits, write "RURAL")

(d) Street No.: 923 Central 5
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: No

3. (a) PRINT FULL NAME: William T. Rhoades

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: male 0

5. Color or race: white 1

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Mary Rhoades

6. (c) Age of husband or wife if alive: 58 years

7. Birth date of deceased: Feb. 22, 1863 (Month) (Day) (Year)

8. AGE: Years 82 | Months 9 | Days 14 | If less than one day hr. min.

9. Birthplace: Carroll Co. Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation: retired R.R. & Hi-way

11. Industry or business: Contractor.

MOTHER FATHER

12. Name: Edward Rhoades

13. Birthplace: no record 9
(City, town, or county) (State or foreign country)

14. Maiden name: Elizebeth Cochran

15. Birthplace: no record 9
(City, town, or county) (State or foreign country)

16. (a) Informant: J. L. Sawyer

(b) Address: 1609 Outer Dr. Joplin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 8, 45 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Hope Cemetery.

18. (a) Signature of funeral director: Hurlbut Und. Co.

(b) Address: Joplin Mo.

19. (a) 12-6-45 (Date received local registrar) (b) Ed Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 6, day 1945 year hour 8-10 P.M. minute M.

21. I hereby certify that I attended the deceased from Dec 4, 1945, to Dec 6, 1945, that I last saw h. alive on Dec 6, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	24 hrs
Due to: Influenza	4-5 days
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: 33b

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: 0

23. Signature: J. A. Kenworthy (M. D. or other)

Address: Joplin Mo. Date signed: 12/7/45

1407 (Licensed Embalmer's Statement on Reverse Side)

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

46-11-956

JUN 23 1948

DEC 27 1945

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 Perry K. Harlow

Licensed Embalmer No. 969

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.