S. No. 2
M—5-42
5-17-39
P I X32873

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

Dr. Calloway 3276

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 300

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: SPFD. Baptist Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Weeks (Specify whether years, months or days)
In this community 72 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 230 W. State
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Ernest G. Rathbone
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Hermie Rathbone
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Jan. (Month) 9 (Day) 1874 (Year)
8. AGE: Years 72 Months 1 Days 17 If less than one day ..... hr. ..... min.
9. Birthplace Springfield (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Financial Secretary
11. Industry or business Drury College
FATHER
12. Name Bernard F. Rathbone
13. Birthplace Birmingham (City, town, or county) England (State or foreign country)
MOTHER
14. Maiden name Emily Rush Woods
15. Birthplace Springfield (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Edith L. Woods
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-46 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 2-27-46 (Date received local registrar) (b) W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26 year 1946 hour 7 minute 10a. M.
21. I hereby certify that I attended the deceased from 2/13 1946 to 2/26 1946 that I last saw him alive on 2/25 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Valv. Ht. Disease	2yr
Due to	
Due to	
Other conditions: Chr. Bronchitis (Include pregnancy within 3 months of death)	1yr.
Major findings: Of operations	
Of autopsy 920	

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 Guy A Calloway (M. D. or other) M.D.
Address Springfield Mo. Date signed 2-27-46

111 (Licensed Embalmer's Statement on Reverse Side)

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.