

FILED MAR 29 1946

Registration District No. 201

Primary Registration District No. 4173

Registrar's No. 14

1. PLACE OF DEATH:

(a) County... Douglas

(b) City or town... Ava
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community.....
(years, months or days)

3. (a) PRINT FULL NAME... Elfin L. Rhoten

3. (b) If veteran, name war.....

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased... May 4, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 9 14 hr. min.

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

10. Usual occupation... Bookkeeper

11. Industry or business.....

MOTHER FATHER

12. Name... Thomas Rhoten

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

14. Maiden name... Sarah Woolery

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

16. (a) Informant... Ola Sell
(b) Address... Ava, Missouri

17. (a) Cremation (b) Date thereof... 2-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Kansas City, Mo.

18. (c) Signature of funeral director... Clinkingbeard Funeral Home
(b) Address... Ava, Missouri

19. (a) Feb. 19-46 (b) Vestal Bushman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Douglas 34

(c) City or town... Ava
(If outside city or town limits, write "RURAL")

(d) Street No.....
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18
year 1946 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec. 1945 to Feb. 1946
that I last saw him alive on Feb. 18-1946
and that death occurred on the date and hour stated above.

Immediate cause of death... acute toxemia
Due to... chronic myocarditis 2 yrs.
Due to... secondary anemia ?

Other conditions... secondary anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations...
Of autopsy... 938

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.....

23. Signature... M.C. Bentley (M. D. or other)
Address... Ava, Mo. Date signed 2-19-46

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

RECEIVED

District Health Officer No. 6;

District File Number 346-406

Date Filed MAR 25 1946

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 A. B. Hutchinson

Licensed Embalmer No. 3431

P. O. Address Overwood

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.