S. No. 2
M—2-43
v. 5-17-39
I X35697

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

8/12

8933

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Rhoades

State File No. 10012

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 26

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 315 S. Caldwell
(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 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn 58
(c) City or town Brookfield
(If outside city or town limits, write "RURAL")
(d) Street No. 315 S. Caldwell
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DAVID WEBSTER HEAD
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race Wh.
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Nancy K Head
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased July (Month) - 20 (Day) - 1870 (Year)
8. AGE: Years 75 Months 7 Days 7 If less than one day hr. min.
9. Birthplace Linn Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER 12. Name John Head
13. Birthplace D.K. (City, town, or county) Ky (State or foreign country)
MOTHER 14. Maiden name Annie Hance
15. Birthplace D.K. (City, town, or county) Ky (State or foreign country)
16. (a) Informant Ethel Williams
(b) Address Brookfield, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar-2-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Pegler Cemetery
18. (a) Signature of funeral director Hill Funeral Home
(b) Address Brookfield Mo
19. (a) 3/28/46 (Date received by local registrar) (b) Evelyn Kelley Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 year 1946 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from 2/20-46, 19..., to 2/27, 1946 that I last saw him alive on 2/27, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic congestion of lungs	2 da.
Due to Acute dilatation of heart from mitral insufficiency	months
Due to	
Other conditions (Include pregnancy within 3 months of death) Acute inflammation of gallbladder	10 days

Major findings:
Of operations ✓
Of autopsy ✓ 95

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 Mark K Rhoads (M. D. or other)
Address Brookfield Mo Date signed 3/28-46

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(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 J. W. Blackloche

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.