

FILED JUL 15 1946

State File No. \_\_\_\_\_

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 204

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town POPLAR BLUFF  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BRANDON HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 36 Hrs  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carter 18  
(c) City or town Van Buren  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Otho Rhea

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

3. (c) Social Security No. \_\_\_\_\_

4. Sex M

5. Color or race w

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

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

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased. MAR 14 1918  
(Month) (Day) (Year)

8. AGE: Years 28 Months 0 Days 23  
If less than one day hr. min.

9. Birthplace Carter Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation factory worker

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Wes Rhea

13. Birthplace Rheff Co Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Deed Haskins

15. Birthplace Carter Co Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Wes Rhea  
(b) Address Van Buren Mo

17. (a) Burial (b) Date thereof. 4-14-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Haskins Cemetery

18. (a) Signature of funeral director Philip A Jensen  
(b) Address Van Buren Mo

19. (a) 6-28-46 (b) RH Minner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7  
year 1946 hour 6 minute 20 P.M.

21. I hereby certify that I attended the deceased from 4-5-46, 19\_\_\_\_ to 4-6-46, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death. INTERNAL  
(1) Internal Injuries 4-5-46  
(2) Nephritis (chronic)  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions. (Include pregnancy within 3 months of death)  
\_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
12/18

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 [Signature] (M. D. number) \_\_\_\_\_  
Address Poplar Bluff, Mo. Date signed 4-14-46

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

RECEIVED

District Health Office No. 2,

District File Number 746-817

Date Filed 7-7-46

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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 7-7-46

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Phyllis A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren Tru

**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.