

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33293**
Registrar's No. **798**

FILED OCT 23 1946
128

Registration District No. _____ Primary Registration District No. **2000**

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

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:
630 East Page /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Greene**

(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")

(d) Street No. **630 East Page**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Rosetta Little Rhodes**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **2,** year **1946** hour **4** minute **00** A. M.

4. Sex **Female** / 5. Color or race **White**

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

6. (b) Name of husband or wife **C. L. Rhodes**

6. (c) Age of husband or wife if alive **93** years

7. Birth date of deceased: **October 2, 1876**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec 12**, 19**45** to **Oct 2**, 19**46**, that I last saw her alive on **August 12**, 19**46**, and that death occurred on the date and hour stated above.

8. AGE: Years **70** Months **0** Days **0** If less than one day _____ hr. _____ min.

Immediate cause of death: **Carcinoma of Liver**
Due to: **Primary Carcinoma of Gall Bladder**

Duration: **6 Mo.**

9. Birthplace **Republic Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **Exploratory only**

11. Industry or business **At Home**

12. Name **Royal Luce**

13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Margret O'Neal**

15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

Of autopsy: **Hof**

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? _____

16. (a) Informant **Robert Little**

(b) Address **Clever Mo.**

17. (a) Burial (b) Date thereof **10-4-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wise Hill Cem.**

18. (a) Signature of funeral director **W. Klingner & Co.**

(b) Address **Springfield Mo.**

19. (a) **10-7-46** (b) **W. J. Handley M.D.**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **Robert Little** (M. D. or other) **M.D.**

Address **Springfield** Date signed **10/3/46**

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.....

Max Rhodes

Licensed Embalmer No.

4071

P. O. Address.....

Springfield

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.

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