. S. No. 2
OM—5143
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36310

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 380

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution:
St. Frances Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hours (Specify whether
In this community 4 hrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 16

(a) State Missouri (b) County Cape Girardeau

(c) City or town Delta, Missouri 0
(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) 1

If yes, name country

3. (a) PRINT FULL NAME Martin Wilson Rhodes

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex M 0

5. Color or race W

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 Feb. (Month) 12, (Day) 1942 (Year)

8. AGE: Years 4 Months 8 Days 26 If less than one day hr. min.

9. Birthplace Millersville, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Charles Rhodes
13. Birthplace Whitewater, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ester Estes 0
15. Birthplace Millersville, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Rhodes
(b) Address Delta, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10, 46 (Month) (Day) (Year)
(c) Place: burial or cremation Stroderville Cemetery Whitewater, Mo.

18. (a) Signature of funeral director James R. Cady
(b) Address Cape Girardeau, Mo.

19. (a) 11-15-1946 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8th
year 1946 hour 9 minute 05 P. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Base of Skull

Due to Being struck by a 1941 Dodge 2 door Sedan at Delta, Mo on

Due to State Highway 25

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 170C-8

Of autopsy 21

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 16

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Nov. 8, 1946

(c) Where did injury occur? Delta (City or town) Cape Girdeau (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On State Highway 25 in Delta, Mo
(Specify type of place)

While at work? No (e) Means of injury Automobile

23. Signature Dr. J. H. Sigmund (M. D. or other) Coroner 3

Address Jackson Mo Date signed 11/14/46

44

(Licensed Embalmer's Statement on Reverse Side)

EIVED

District Health Officer No. 4

District File Number 1146-2870

Date Filed 11-18-46

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 William Lee Townes

Licensed Embalmer No. 44 10

P. O. Address Cape Girardeau, 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.