

FILED MAY 22 1947

3007

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff Mo.
(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 Nine Hrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town Puxico
(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.....

3. (a) PRINT FULL NAME J. Carl Rhodes,
(b) If veteran, name war No 1.
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 8
year 1947 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from May 8, 1947, to 7:30 P.M. May 1947.
that I last saw him alive on May 8, 1947, 19....
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cora
6. (c) Age of husband or wife if alive 10 years
7. Birth date of deceased Jan 10 1892
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis Duration Sudden

8. AGE: Years 55 Months 3 Days 28
If less than one day hr. min.

Due to ~~XXXXXXXXXX~~

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

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

10. Usual occupation.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business Dentist
12. Name John S Rhodes
13. Birthplace Wayne County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Mc Ghee
15. Birthplace Oregon Co Missouri
(City, town, or county) (State or foreign country)

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?
(Specify site of place) (e) Means of injury.....

16. (a) Informant Mrs J. Carl Rhodes,
(b) Address Puxico Missouri,
17. (a) Burial (b) Date thereof 5-11-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Puxico Missouri,

23. Signature [Signature] (M. D. or other)
Address Poplar Bluff Mo Date signed 5-12-47

18. (a) Signature of funeral director Watkins Service
(b) Address Puxico Missouri
19. (a) 5-14-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

AUG 5 1947

RECEIVED

District Health Office No. 2

District File Number 547-2

Date Filed 2-20-47

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 *Lyman Steele*

Licensed Embalmer No. 7476

P. O. Address *Wigton 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.