

FILED MAY 16 1947

Registration District No. **156**

Primary Registration District No. **2004**

Registrar's No. _____

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
905 West 2nd St;
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 year** (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin**
(If outside city or town limits, write "RURAL")
(d) Street No. **905 West 2nd St;**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **No**

3. (a) PRINT FULL NAME **John A. Rhoades**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**
4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widower**
6. (b) Name of husband or wife **Eva M. Rhoades** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept. 4, 1875**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April 27**, day **1947**
year _____ hour **12-15 P.M.** minute _____ M.
21. I hereby certify that I attended the deceased from **June 6**, 19**47** to **April 27**, 19**47**
that I last saw him alive on **April 27**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Occlusion
Due to _____
Coronary occlusion
second attack
Other conditions **April 27-1947**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years **71** Months **7** Days **23** If less than one day _____ hr. _____ min.
9. Birthplace **Neodesha Kansas.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Retired Nursery operator**
11. Industry or business _____
12. Name **Cicero Rhoades**
13. Birthplace **Penn;**
(City, town, or county) (State or foreign country)
14. Maiden name **no record**
15. Birthplace **no record**
(City, town, or county) (State or foreign country)
16. (a) Informant _____
(b) Address **905 West 2nd St.; Joplin Mo.**
17. (a) **removal** (b) Date thereof **April 28, 47;**
(Burial, cremation, or removal) (Month) (Day) (Year)
Manzanola Colo;
(c) Place: burial or cremation _____
18. (a) Signature of funeral director **Hurlbut Und. Co;**
(b) Address **Joplin Missouri**
19. (a) **4-28-47** (b) **Dalvin Sampson**
(Date received local registrar) (Registrar's signature)

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 _____ (M. D. or other)
Address **708 1/2 West 2nd St Joplin Mo** Date signed **Apr 28 47**

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

0-2
1-45
7-39
K47070

47-4-388

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 *Herbert A. Herlbut*

Licensed Embalmer No. *959*

P. O. Address *Deplin 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.