S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21346

FILED JUN 24, 1947

Registration District No. 1

Primary Registration District No. 3028

Registrar's No. 137

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 513½ Oak St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days)
In this community 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carthage (If outside city or town limits, write "RURAL")
(d) Street No. 513½ Oak St. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ----

3. (a) PRINT FULL NAME WILLIAM J. RHOADS
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
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 November 14 1871 (Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 2 If less than one day hr. min.

9. Birthplace Carthage (City, town, or county) Missouri (State or foreign country)
10. Usual occupation retired minister
11. Industry or business ----

FATHER
12. Name Jesse Rhoads
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Mrs. Nona L. Morris
(b) Address 504 Williams, Carthage, Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof June, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri
19. (a) 6-19-47 (Date received local registrar) (b) L.B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1947 hour about 3: minute 00 p.M.

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

Immediate cause of death Coronary Occlusion

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
(e) While at work? (f) Means of injury

23. Signature L. M. Derfelt (M. D. or other)
Address 2114 Joplin Date signed 6/18/47

DR. DAWSON W. DERFELT
Coroner of Jasper County
State of Missouri
OFFICIAL SEAL

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

41-6-497

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 Robert H. Knell, Registered Apprentice No. 406, working under my personal supervision.

Signed Emmet Knell

Licensed Embalmer No. 391

P. O. Address Carthage

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.