

S. No. 2  
M-8-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23316**

**FILED** AUG 14 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. **5064**

Registrar's No. **15**

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

1. PLACE OF DEATH: **Barton**

(a) County **Barton**

(b) City or town **Rural- LeRoy Township**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community **63 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barton**

(c) City or town **Rural- LeRoy Township**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Arcadia, Kansas. RFD #1**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **CHARLES EPHRIAM RHODES**

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 **Widowed**

6. (b) Name of husband or wife **Sara E. Willard Rhodes**

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **April 7 1864**  
(Month) (Day) (Year)

8. AGE: Years **83** Months **3** Days **8** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Wolcottville, Indiana**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Henry Rhodes**

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

14. Maiden name **Rebecca Rhontsong**

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

16. (a) Informant **Edith Rhodes**

(b) Address **Arcadia, Kansas, RFD #1**

17. (a) **Removal** (b) Date thereof **July 17 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old Arcadia Cem. Arcadia, Kans.**

18. (a) Signature of funeral director **KONANTZ FUNERAL HOME**

(b) Address **Lamar, Missouri**

19. (a) **July 19 47** (b) **H. H. ...**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **15**  
year **1947** hour **12** minute **25** P.M.

21. I hereby certify that I attended the deceased from **May 21**  
**1947** to **July 15** **1947**,  
that I last saw him alive on **July 14** **1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) **no**

(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? **Kans.**

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Allen W. Sandidge** (M. D. or other)

Address **Mulberry, Kans.** Date signed **7/17/47**

Duration

**several  
yrs**

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 63

District File Number 847-830

Date Filed AUG 12 1947

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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..... *Carl F. Conarty*.....

Licensed Embalmer No. 2247.....

P. O. Address Lamar, Missouri.....

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.