

FILED SEP 29 1947

Registration District No. 277

Primary Registration District No. 5922

Registrar's No. 307

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Rural Bowling Green township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 1, Beaman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community three years (years, months or days)

3. (a) PRINT FULL NAME John David Rhodus

3. (b) If veteran, name war none 3. (c) Social Security No. 078-05-1120

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nonie Pointer Rhodus 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased: August 24, 1908
(Month) (Day) (Year)

8. AGE: Years 39 Months 0 Days 21 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name Charles H. Rhodus

13. Birthplace Henry County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Susan Sterner

15. Birthplace Morgan County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nonie Rhodus (wife)

(b) Address Route 1, Beaman, Mo.

17. (a) Burial (b) Date thereof 9/17/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton Cemetery

18. (a) Signature of funeral director Edna Ewing

(b) Address Sedalia, Missouri

19. (a) 9/17/47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Rural, Bowling Green Township
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1, Beaman
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1947 hour 11 minute 9 M.

21. I hereby certify that I attended the deceased from 43 9/15 1947, 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 Fracture of 3rd + 4th cervical
Fracture of 3rd + 4th cervical

Due to Fracture turning over on him

Due to _____

Other conditions (Include pregnancy within 3 months of death) 176-8

Major findings: Of operations _____

Of autopsy _____

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

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

(b) Date of occurrence 9/15/47

(c) Where did injury occur? Beaman RR + 1. Pettis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm

While at work? yes (Specify type of place) (e) Means of injury Tractor

23. Signature Dr. J. T. Holden (M.D. or other) DO.

Address 315 E. 11th - Sedalia, Mo. Date signed 9/12/47

RECEIVED

State Health Officer No. 8,

State File Number

State Filed 9-22-47

SEP 30 1947

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

Dwight Ewing

Licensed Embalmer No.

3847

P. O. Address

Helena, 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.