S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5343

Registration District No. 170 Primary Registration District No. 3633 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wallace Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hours (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Laclede 53

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Lebanon Rt. 3 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Rhoades baby

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased 1 (Month) 30 (Day) 1948 (Year)

8. AGE: Years | Months | Days | If less than one day 6 hr. 0 min.

9. Birthplace Lebanon (City, town, or county) Mo. (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Lee Rhoades
13. Birthplace Camdenton county (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Winnie Smith
15. Birthplace Dallas county (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Lee Rhoades
(b) Address Rt 3 Lebanon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 31 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Belles Cem. Lebanon

18. (a) Signature of funeral director Palmer's
(b) Address Lebanon, Mo.

19. (a) 2/14 1948 (Date received local registrar) (b) Fronie B Lynch (Registrar's signature) 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1948 hour 7 minute — P.M.

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

Immediate cause of death — Duration

Premature 6 mo. — 6 hrs.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to 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)

While at work? (e) Means of injury 0

23. Signature James L. Hope (M. D. or other)

Address Lebanon, Mo. Date signed 2/4/48

(Licensed Embalmer's Statement on Reverse Side)

Received 2/17/48
Madison County Health Unit
File No. 2/48/18
Date Filed 2/17/48

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 Not Embalmed

Licensed Embalmer No. .....

P. O. Address .....

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.