

FILED JAN 7 1949  
369

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

Primary Registration District No. 6249

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Wayne  
(b) City or town Piedmont Rural  
(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 1  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wayne  
(c) City or town Piedmont (Rural) Benton  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ida Matilda Rhodes

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M I

6. (b) Name of husband or wife Joseph Rhodes 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased June 18 1882  
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housekeeper

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

MOTHER FATHER { 12. Name James B Mabury

13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name May Smith

15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Rhodes

(b) Address Piedmont Mo

17. (a) Burial (b) Date thereof 11/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic (Piedmont)

18. (a) Signature of funeral director William Godin

(b) Address Piedmont, Mo.

19. (a) Dec. 30 48 (b) Surie O. Piles  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20  
year 1948 hour 1:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 1946  
~~11/20/48~~ 19\_\_\_\_ to 11/20/48 19\_\_\_\_;  
that I last saw him alive on Nov. 19, 1948 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myalgia 9  
lower Bowel  
type not determined

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

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

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 46 E

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature Wickling 24/48 (M. D. or other)

Address Piedmont, Mo Date signed \_\_\_\_\_

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

State Office No. 4  
Subject File Number 149-  
Date Filed 1-6-49

*Handwritten notes:*  
J.P. 81  
6/22/11  
100-11781-1001  
9 (personal) [unclear]  
[unclear] [unclear] [unclear]

**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.....

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.**