

FILED JUN 25 1948

Registration District No. 298

Primary Registration District No. 6024

State File No. _____

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Rayville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 79, II, 24.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Rayville
(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 George Rhodus

(b) If veteran, name war No
(c) Social Security No. 496-16-3397

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

(b) Name of husband or wife Ella Rhodus
(c) Age of husband or wife if alive 79 years

7. Birth date of deceased June 10 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 II 24 hr. min.

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

10. Usual occupation Live stock salesman

11. Industry or business _____

12. Name Overton Rhodus
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Frances Burnham
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant George Rhodus Jr.

(b) Address Lawson, Missouri

17. (a) Burial (b) Date thereof June 6, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or crematorium Lawson cemetery

18. (a) Signature of funeral director Jerman Prichard

(b) Address Lawson Mo

19. (a) June 6, 1948 (b) Mrs Raymond Howe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1948 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from May 15, 1948, to June 3, 1948
that I last saw him alive on June 2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema Duration 2 day

Due to Chronic myocarditis & valvular insufficiency

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) _____
(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) Means of injury _____

23. Signature Clatus Buehler M.D. (M. D. or other) M.D.
Address Lawson Mo Date signed June 4, 1948

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-24-48.....

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 E. E. White.....

Licensed Embalmer No. 4168.....

P. O. Address Excelsior Springs.....

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.