

2
4-41
7-39
0226390

FILED AUG 13 1941
Registration District No. 20

Primary Registration District No. 3109

Registrar's No. 287

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
(Specify whether)

In this community 0
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau ⁰¹¹⁶

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

(d) Street No. 22 Smith
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME EDWARD WAYNE RHODES

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 29
year 41 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 7-18-41 to 7-29-41
that I last saw him alive on 7-29-41
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 12, 1941
(Month) (Day) (Year)

Immediate cause of death _____
ENTERITIS BL

8. AGE: Years _____ Months 12 Days _____ If less than one day
hr. _____ min.

Due to _____
160 W

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

Due to _____
Probable Birth injury

10. Usual occupation Infant

Other conditions (include pregnancy within 3 months of death) _____
(birth injury)

11. Industry or business _____

Major findings: Of operations _____
(None)

MOTHER FATHER { 12. Name Chester Rhodes

Of autopsy _____
None

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

Underline the cause to which death should be charged statistically.
PHYSICIAN

14. Maiden name Mildred Durwell

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

16. (a) Informant Chester Rhodes

17. (a) Burial (b) Date thereof July 31, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Walter Morgan
(b) Address Adverse Missouri

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? _____

23. Signature W. Morgan (M. D. or other) MD
Address Cape Girardeau Date signed 7/29/41

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

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.