

REC'D MAY 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14237

Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
(b) Township St. Francis Primary Registration District No. 3609 Registered No. 111
(c) City Cape Girardeau, Mo. (d) Street No. St. Francis Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Bah Withers 362 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-7-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stillborn
9. Industry or business in which work was done, as saw mill, bank, etc. Stillborn
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau, Mo.

FATHER 13. NAME John Withers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know!

MOTHER 15. MAIDEN NAME Marie P. Rhodes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White Water, Mo.

17. INFORMANT (ADDRESS) Mrs. Ora Rhodes, White Water, Mo.

18. BURIAL, CREMATION, OR REMOVAL Interden Hill Cem DATE April 8, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) White Water, Mo. Charley Rhodes Grandfather

20. FILED 4-7-38 Local Registrar. 125

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-7-38

22. I HEREBY CERTIFY, That I attended deceased from 4-7-38, 1938, to 4-7-38, 1938

I last saw him alive on —, 19 —. Death is said

to have occurred on the date stated above, at — m.

The principal cause of death and related causes of importance were as follows:

Stillborn
INTRA UTERINE
Small-pox

Date of onset

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) A. D. Smith, M. D.

(Address) Cape Girardeau, Mo.

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, above space should be left blank.