

Registration District No. 125 Primary Registration District No. 2009 Registrar's No. 98

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau Mo
(c) Name of hospital or institution: Southeast Mo Hospital
(d) Length of stay: In hospital or institution 2 Days
In this community 9 months, 22 Days

3. (a) PRINT FULL NAME Patracia Ann Rhyme
3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex Female / 5. Color or race white
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years -

7. Birth date of deceased May 13 1940
8. AGE: Years 0 Months 9 Days 22 hr. min.

9. Birthplace Cape Girardeau MOA
10. Usual occupation Child

11. Industry or business -

12. Name Herbert Rhyme
13. Birthplace Daisy MO
14. Maiden name Lola Phillips
15. Birthplace Advance MOA

16. (a) Informant Helen Rhyme
(b) Address 513 Maple St.

17. (a) Burial (b) Date thereof March 9, 1941
(c) Place: burial or cremation Pleasant Grove Cemetery

18. (a) Signature of funeral director M. K. ...
(b) Address Cape Girardeau, Mo.

19. (a) 3-7-41 (b) Jon Thompson Registrar's signature

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(d) Street No. 513 Maple St
(e) If foreign born, how long in U. S. A. ?

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 7 year 1941 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from 3-1-41 to 3-7-41 that I last saw him alive on 3-7-41 and that death occurred on the date and hour stated above.

Immediate cause of death: Colitis, Media, Acute, Bilateral 10 days
Due to: 49 N

Other conditions: Colitis, acute 14 days
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: none
Of operations: none
Of autopsy: none

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? -
(d) Did injury occur in or about home, on farm, in industrial place, in public place? -

23. Signature F. W. Hall M. D. Registrar
Address Cape Girardeau Date signed 3-7-41

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 _____

working under my personal supervision.

Signed _____

Registered Apprentice No. _____

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau Mo

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.