

S. No. 2
M-2-43
5-17-39
PI X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37982

State File No. _____

FILED DEC 10 1943

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 344

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:
PECAN ST
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 YEARS 6 MONTHS (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CAPE 116

(c) City or town CAPE GIRARDEAU MO 1
(If outside city or town limits, write "RURAL") 4

(d) Street No. PECAN ST
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country. _____

3. (a) PRINT FULL NAME FRANKLIN H.G. RHYNE

(b) If veteran, name war NO

(c) Social Security No. 16-1461

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ARLENA RHYNE

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased JAN 2 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 10 10 hr. min.

9. Birthplace PERRY CO, MO U
(City, town, or county) (State or foreign country)

10. Usual occupation LABOR

11. Industry or business

MOTHER FATHER { 12. Name JAMES RHYNE

13. Birthplace DONT KNOW 9
(City, town, or county) (State or foreign country)

14. Maiden name DONT KNOW

15. Birthplace DONT KNOW 9
(City, town, or county) (State or foreign country)

16. (a) Informant Honey Rhyne

(b) Address Cape Girardeau Mo.

17. (a) BURIAL (b) Date thereof NOV. 14-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ORNESBURG CEMETARY

18. (a) Signature of funeral director M. J. Gentry

(b) Address Cape Girardeau Mo.

19. (a) 11-13-43 (b) G. W. Phelps
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 12
year 1943 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from 11/11/43 to 11/12/43
that I last saw him alive on 11/10/43
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis
Acute & Chronic

Due to Chronic Nephritis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1318

Major findings: Of operations _____

Of autopsy _____

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature G. W. Phelps (M. D. or other) _____
Address Cape Girardeau, Mo. Date signed 11/13/43

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

64

RECEIVED

District Health Officer No. 4
District File Number 1243-3030
Date Filed 12-8-43

MAR 8 1944

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. 3810

P. O. Address Cape Girardeau,

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.