

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 1099

Primary Registration District No. 0868

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County Pemiscot  
 (b) City or town "Rural" Wardell  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME Rosetta Armstrong  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Black 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 July 20, 1940  
 (Month) (Day) (Year)

8. AGE: Years 0 Months 2 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace "Rural" Wardell Mo. (City, town, or county) (State or foreign country)

10. Usual occupation None  
 11. Industry or business None

MOTHER FATHER  
 12. Name Morris Armstrong  
 13. Birthplace Oakville, Mississippi (City, town, or county) (State or foreign country)  
 14. Maiden name Idella Scales  
 15. Birthplace Oakville, Mississippi (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Morris Armstrong  
 (b) Address Wardell, Mo.

17. (a) \_\_\_\_\_ (b) Date thereof 10 7 40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Wardell mo.

18. (a) Signature of funeral director Friends Wardell mo  
 (b) Address \_\_\_\_\_

19. (a) 1-1 H (b) J. J. Gray  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Pemiscot  
 (c) City or town "Rural" Wardell  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 6  
 year 40 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from 10-5-40, 1940 to 10-5-40, 1940;  
 that I last saw at alive on 10-5-40, 1940;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition Duration 2 mos.  
 Due to Congenital Syphilis

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death) 2H

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? 5-1-1

23. Signature R. A. Russell (M. D. or other) M.D.  
 Address Wardell, Mo. Date signed 10-6-40

1-41-8

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**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.**