

Registration District No. 773 Primary Registration District No. 6018A

1. PLACE OF DEATH:

(a) County St. Francois Co.
(b) City or town (near) Farmington, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francois Hosp
State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 2 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley
(c) City or town Naylor (If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Cora Rodgers

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 Married
6. (b) Name of husband or wife Wm. D. Rodgers
6. (c) Age of husband or wife if alive U.K. years
7. Birth date of deceased November 12 1886
(Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days 24 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Wes Honeycutt
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name Dolly Forrest
15. Birthplace Naylor Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Records of State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 4-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Naylor, Mo.

18. (a) Signature of funeral director Ripley County Cemetary Gisk Directors

(b) Address Naylor, Missouri

19. (a) 4-20-42 (b) Byrdie S. Bukhmetas
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th year 1942 hour 1:45 minute A.M.

21. I hereby certify that I attended the deceased from April 16th 1942 to April 18th 1942
that I last saw h. sr alive on April 18th 1942; and that death occurred on the date and hour stated above.

Immediate cause of death..... Bronchopneumonia, terminal Duration 2 days?

Due to Hypertensive Heart Disease with Cardiac failure 2 weeks?

Due to..... 1. Acute nephritis 2 days?
Other conditions 2. Undiagnosed Psychosis 2 weeks?
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: No operations
Of operations.....
Of autopsy No autopsy 107
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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature @ @ Cult (M.D. or other) O.M.D.
Address Farmington, Missouri Date signed 4/21/42

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

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RECORDED
District Health Officer No. 4
District File Number 542-577
Date Filed 5-13-47

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 *Carl J. Miller*

Licensed Embalmer No. 3752

P. O. Address *Farmington, 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, fact should be so stated above.