

FILED FEB 5 1943 28
318

Registration District No.

Primary Registration District No. 2000

Registrar's No. 50

1. PLACE OF DEATH:

(a) County. GREENE
(b) City or town. Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
O'Reilly General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 101 days
(Specify whether
In this community. 101 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Louisiana (b) County. Natchitoches
(c) City or town. Cloutierville
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME KENNETH ROUGEOT

3. (b) If veteran, name war. None 3. (c) Social Security No. Unknown

4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife. None 6. (c) Age of husband or wife if alive. XX years

7. Birth date of deceased. September 28 1915
(Month) (Day) (Year)

8. AGE: Years 27 Months 3 Days 19
If less than one day 20 hr. min.

9. Birthplace. Cloutierville Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation. Foreman

11. Industry or business. Oil business

12. Name. Francis Marshall Rougeot

13. Birthplace. Lamourie, Louisiana
(City, town, or county) (State or foreign country)

14. Maiden name. Ella Moore

15. Birthplace. Lecompte, Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant. Leona McDaniel

(b) Address. Corpus Christi, Texas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. Unknown
(Month) (Day) (Year)

(c) Place: burial or cremation. Cloutierville, La.

18. (a) Signature of funeral director. Francis Marshall Rougeot

(b) Address. Springfield, Mo.

19. (a) 1-18-43 (Date received local registrar) (b) Francis Marshall Rougeot (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. January day 17 year 1943 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept 15 1942 to January 17 1943; that I last saw him alive on January 17 1943; and that death occurred on the date and hour stated above.

Immediate cause of death. Uremia Duration 2 da

Due to. Acute nephritis, severe. 4 da

Due to. Acute meningitis, severe, pneumococcus, type 19. 5 da

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

PHYSICIAN

Major findings: Of operations. _____
Of autopsy. Confirmation of above diagnoses.
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 work) _____ (Means of injury)

23. Signature. Francis Marshall Rougeot (M.D. or other)

Address. Springfield, Mo. Date signed _____

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

2
-41
-39
K28390

999
16
8

MOTHER FATHER

FEB 3 1943

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 Lewis G. Schopf

Licensed Embalmer No. 31802

P. O. Address Springhill, 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.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(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: Kenneth Raugies

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 5

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 28
(Month) (Day) (Year)

8. AGE: Years 27 Months 3 Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) La.

10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year _____ Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I saw him/her live on _____ 19____; and that death occurred on the date and hour stated above. Immediate cause of death Uremia

Due to acute meningitis, severe
Due to acute meningitis, severe pneumococcus, type 19.
Other conditions _____ (Include pregnancy within 3 months of death)
Pneumonia, Bronchitis
Major findings: _____
Of operations _____
Of autopsy 81a

Duration _____
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)
While at work? _____ (c) Means of injury _____
23. Signature Francis M. ... (M. D. or other) _____
Address 2400 ... Hospital, Springfield, Mo.

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

MOTHER FATHER

SUPPLEMENTARY

The first part of the document discusses the general principles of the proposed system. It outlines the objectives and the scope of the project, which is to develop a comprehensive framework for the management of resources. The document is divided into several sections, each addressing a different aspect of the system.

The second section details the methodology used in the development of the system. It describes the various stages of the process, from the initial planning phase to the final implementation. The methodology is based on a combination of theoretical research and practical experience, ensuring that the system is both effective and efficient.

The third section provides a detailed description of the system's components and their interactions. It explains how the different parts of the system work together to achieve the overall goals. This section includes a flowchart that illustrates the system's architecture and the flow of information between its various elements.

The fourth section discusses the implementation of the system. It outlines the steps that need to be taken to ensure a smooth transition from the current state to the new system. This includes identifying the key stakeholders, developing a communication plan, and providing training for the users.

The fifth section addresses the evaluation of the system. It describes the methods used to measure the system's performance and to identify areas for improvement. This section includes a list of key performance indicators (KPIs) and a description of the data collection and analysis process.

The sixth section discusses the future of the system. It outlines the planned updates and improvements, as well as the potential for further development. This section also includes a discussion of the challenges that may be encountered in the future and the strategies to address them.

In conclusion, the document provides a comprehensive overview of the proposed system. It highlights the system's strengths and its potential to improve resource management. The document also identifies the challenges that need to be addressed and provides a clear path forward for the project.