V. S. No. 2
50M—5-42
Reg. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14967

State File No.

FILED MAY 7 1943

Registration District No. 241 Primary Registration District No. 5828 Registrar's No. 57

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Rural - Lebanon
(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 14 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. East of Portageville, Mo.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Eva Bell Rooker

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

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

6. (b) Name of husband or wife C. E. Rooker 6. (c) Age of husband ~~or wife~~ if alive 48 years

7. Birth date of deceased Sept - 26 - 1898
(Month) (Day) (Year)

8. AGE: Years 44 Months 6 Days 8 If less than one day hr. min.

9. Birthplace Singman County Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Housewife

FATHER
12. Name James Ferry
13. Birthplace Ind. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lula ash.
15. Birthplace Singman County Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant C. E. Rooker
(b) Address Portageville, Mo.

17. (a) Burial, (b) Date thereof April 6 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville Cemetery

18. (a) Signature of funeral director Neal E. Deane
(b) Address Portageville Mo.

19. (a) Apr 16 (b) Edith Laigent
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 - 1943
year 11 hour 28 minute P M.

21. I hereby certify that I attended the deceased from Jan 24 1943 to Apr. 4 1943
that I last saw her alive on Apr 4. 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio respiratory failure	48 hrs.
Due to Carcinoma of Uterus	2 months
Due to ?	
Other conditions None (Include pregnancy within 3 months of death)	

48 h

Major findings:
Of operations Carcinoma of uterus
Of autopsy None

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 R. C. Conrad (M. D. or other) M.D.

Address Portageville, Mo Date signed 4-4-43

1197

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 543-603
Date Filed 5-6-43

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 Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Portageville, 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.