

5142-46

FILED FEB 7 1946 STANDARD CERTIFICATE OF DEATH

State File No. 2597

Registration District No. 107

Primary Registration District No. 30/95422

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Kennett Rural Ind  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin 35  
(c) City or town Kennett Rural 20  
(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

Jessie P. Rouse

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 M

6. (c) Age of husband or wife if alive 30 years

6. (b) Name of husband or wife Cora Rouse

7. Birth date of deceased Oct. 23 1871

(Month) (Day) (Year)

8. AGE:

Years 74

Months 3

Days \_\_\_\_\_

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace

Dunklin Co. Mo. 6

(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Jessie Rouse

13. Birthplace

Tennessee

(City, town, or county) (State or foreign country)

14. Maiden name

Ruby Hankins

15. Birthplace

Missouri

(City, town, or county) (State or foreign country)

16. (a) Informant

W. B. Rogsdale

(b) Address

Piggott, Ark. P. 2.

17. (a) \_\_\_\_\_

(Burial, cremation, or removal)

(b) Date thereof

1-26-46

(c) Place: burial or cremation

Beachwell Cem.

18. (a) Signature of funeral director

Wm. Russell

(b) Address

Piggott, Ark.

19. (a) \_\_\_\_\_

(Date received local registrar)

(b) \_\_\_\_\_

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 23  
year 46 hour 11 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from Jan 22 1946 to Jan 23 1946

that I last saw her alive on 1-23 1946

and that death occurred on the date and hour stated above.

Immediate cause of death cerebral apoplexy

Duration 2 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy § 30

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) no

(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? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Paul Baldwin (M. D. or other) MD

Address Kennett MO Date signed 1-24-46

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

RECEIVED

District Health Office No. 2,

District File Number 246-176

Date Filed 2-5-46

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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, fact should be so stated above.**