

Registration District No. 156

Primary Registration District No. 2001-5581

Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin Twn, Rural Area
(c) Name of hospital or institution: Highway 57 North of Joplin 3 Mi
(d) Length of stay: In hospital or institution 3 weeks
In this community 3 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Arkansas (b) County Benton 994
(c) City or town Bentonville
(d) Street No.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Bertha May Rogers Austin
3. (b) If veteran, name war No
3. (c) Social Security No No

4. Sex Fem. / 5. Color or race white
6. (a) Single, widowed, married, divorced Div
6. (b) Name of husband or wife John Austin
6. (c) Age of husband or wife if alive 1926 years
7. Birth date of deceased Not known

8. AGE: Years 19 Months - Days - If less than one day hr. min.

9. Birthplace Springdale Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Home duties

11. Industry or business

12. Name Earnest Preston Rogers
13. Birthplace Benton Arkansas
14. Maiden name Mary Bell Rogers
15. Birthplace Benton County Arkansas

16. (a) Informant Callison & McRinney
(b) Address Bentonville, Ark
17. (a) Removal (b) Date thereof 2-13-46
(c) Place: burial or cremation Rogers, Ark

18. (a) Signature of funeral director Hurlbut, Underwood & Company
(b) Address Joplin, Mo
19. (a) 2-14-46 (b) E. Jones

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. 9, day 1946
year 5-30 P.M. minute M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death: Fractured Skull.
Due to Internal Bleeding

Other conditions: Hit by Car on Highway #51
Due to Road on Highway #51
north of Joplin

Major findings: 170 Investigation
Of operation: 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) Accident 49
(b) Date of occurrence 2-9-46
(c) Where did injury occur? R.R. Jasper Mo
(d) Did injury occur in a private home, on farm, in industrial place, in public place?
Public Place - Hit by Car
While at work? No (e) Means of injury Bus
23. Signature H.W. Bennett (M. D. or other) Sp 2
Address 211 Joplin Date signed 2/11/46

WRITE PLAINLY - USE UNFADING BLUE INK - MAKE A PERMANENT RECORD

MOTHER FATHER

H6-2-142

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

Raymond A. Huber

Licensed Embalmer No.

959

P. O. Address

Japan Hill

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.