

FILED SEP 21 3 1948

Registration District No. 10

Primary Registration District No. 5476 4174

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Cardwell  
(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 26 years  
years, months or days

3. (a) PRINT FULL NAME MARTHA ANN ROGERS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FM, 5. Color or race W

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Nov 29 1868  
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 19  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace McRensie Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Honesty

12. Name John J. Williams

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

14. Maiden name Emma M. Howell

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

16. (a) Informant James W. Rogers

(b) Address Cardwell Mo

17. (a) Burial (b) Date thereof 8-18-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cardwell Mo

18. (a) Signature of funeral director P. Craft

(b) Address Gonesburg Mo

19. (a) 8-20-46 (b) E. L. Harrison  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin

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

(d) Street No. Route 1  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Aug day 17th,  
year 46 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June  
1946, to August 17, 1946;  
that I last saw her alive on Aug 16, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Chronic Myocarditis</u>	<u>DK</u>
Due to <u>hypertension</u>	<u>DK</u>
Due to _____	_____
Other conditions (Include pregnancy within 3 months of death)	_____
Major findings: Of operations _____	_____
Of autopsy _____	_____

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? \_\_\_\_\_

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

23. Signature Dr. Glasgow (M. D. o)  
Address Cardwell Date signed 8-18-46

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,  
District File Number 946-1108  
Date Filed ~~9-12-46~~ 9-12-46

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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.....

Robert L. Craft....., Registered Apprentice No.....  
working under my personal supervision.

Body was embalmed in  
Jonesboro Ark.

Signed Robert L. Craft.....

Licensed Embalmer No. 664 Ark

P. O. Address Jonesboro Ark

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: