

Registration District No. 237

Primary Registration District No. 4353 5820

Registrar's No. 53

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Gideon, Mo. Rural
(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 none
In this community 23 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME EDNA ROGERS

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

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

6. (b) Name of husband or wife James F. Rogers 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased June 4 1889
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Sikeston, Mo.
(City, town or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Thomas J. Garden

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

14. Maiden name unknown

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

16. (a) Informant James F. Rogers

(b) Address Gideon, Mo.

17. (a) Burial (b) Date thereof 3-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stonfield

18. (a) Signature of funeral director W. Lloyd Russell

(b) Address Liggett, Arkansas

19. (a) 3-5-47 (b) Dr. Byron Sharp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid
(c) City or town Gideon
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 13
year 47 hour 4 minute a. M.

21. I hereby certify that I attended the deceased from 1-1-46 to 2-13-47
that I last saw her alive on 2-12-47
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial Failure
Hypertensive Heart Disease

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)
(i) Means of injury _____

23. Signature J. S. Hopkins (M. D. or other) _____
Address Gideon, Mo. Date signed 3-27-47

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

MOTHER FATHER

215

RECEIVED

District Health Office No. 2,

District File Number 347-392

Date Filed 3-18-47

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.