. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14346

Registration District No. 241 Primary Registration District No. 5828 Registrar's No. 12

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Rural - (Le Sieur Twp)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid

(c) City or town Portageville 72
(If outside city or town limits, write "RURAL")

(d) Street No. (Rural / Le Sieur Twp) 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country 0

3. (a) PRINT FULL NAME Clifford E. Rooker

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Eva Bell Rooker

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

7. Birth date of deceased July (Month) 28 (Day) 1894 (Year)

8. AGE:

Years	Months	Days	If less than one day
52	8	19	hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Benjamin J. Rooker
13. Birthplace — (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Mattie Hynn
15. Birthplace — (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Mrs. Killion Fisher
(b) Address R#1 Gideon, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Portageville Cemetery

18. (a) Signature of funeral director DeLisle Funeral Parlor
(b) Address Portageville Mo

19. (a) 4-19-47 (Date received local registrar) (b) Ellen DeLisle (Registrar's signature) 219

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1947 hour 4:00 minute a. M.

21. I hereby certify that I attended the deceased from ✓, 19__, to ✓, 19__;
that I last saw h__ alive on ✓, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No.	

93E

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? 2
(Specify type of place)

While at work? (e) Means of injury

23. Signature L. Hedgepeth Coroner (M. D. or other)

Address New Madrid, Mo. Date signed 4/17-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 547-648
Date Filed 5-5-47

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 Joseph A. DeLisle, Registered Apprentice No. 488, working under my personal supervision.

Signed Leonard J. Vargo

Licensed Embalmer No. 4336

P. O. Address Pageville 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.