

FILED MAR 4 1947

Registration District No. **25HV**

Primary Registration District No. **62010**

Registrar's No. _____

1. PLACE OF DEATH:
(a) County **TEXAS**
(b) City or town **MARINA MARINA SUPERIOR**
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **TEXAS 3107**
(c) City or town **RURAL MARINA SUPERIOR**
(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 **HATTIE - LOABELL - RHODEN - CANTRELL**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **FEB**, day **23**
year **1947**, hour **7:00** minute **AM**
21. I hereby certify that I attended the deceased from **Nov. 15**
1, 1946 to **Feb 23**, 1947
that I last saw her alive on **Feb 20**, 1947
and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **ABRAM RHODEN**
6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **MAY 9 1883**
(Month) (Day) (Year)

Immediate cause of death
Chronic nephritis
Due to **Chronic nephritis**
Due to _____
Other conditions **Hypertrophic Arteriosclerosis**
(Include pregnancy within 3 months of death)

Duration
1 year
Years
10 years
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
63 **9** **14** hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER
12. Name **Cliza RHODEN**
13. Birthplace **Berry County, Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Tom Henry Noel**
15. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Husband Abram Rhoden**
(b) Address **Main 1, Mo.**

17. (a) **Rural** (b) Date thereof **Feb. 24 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dutch Chapel R.W. Pooler**

18. (a) Signature of funeral director **Wm. Grove Mo.**
(b) Address _____

19. (a) **1-7-48** (b) **Gaynell Cunningham**
(Date received from registrar) (Registrar's signature)

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 **Hartsville Mo.** (M. D. or other) **2**
Address **Hartsville Mo.** Date signed **2-24-47**

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.....

R. W. Barber

Licensed Embalmer No.....

3848

P. O. Address.....

Mar, Home,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 254

Primary Registration District No. 0200

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Texas
(b) City or town RURAL MORRIS TOWNSHIP
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Texas
(c) City or town RURAL MORRIS TOWNSHIP
(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 HATTIE IDABELL CANTRELL
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ Day 23
year 1947 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, to _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife ABRAM CANTRELL 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 9 1893
(Month) (Day) (Year)

Duration
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 63 Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace _____ (City, town, or county) (State or foreign country) Mo.

10. Usual occupation _____
11. Industry or business _____
12. Name ELIZA RHODEN BERRY
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Abram Cantrell
(b) Address _____
17. (a) _____ (b) Date thereof: 2-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

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? _____

18. (a) Signature of funeral director R. W. Baskin
(b) Address _____
19. (a) 1-7-48 (b) Raynell Cunningham
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
Signature J. E. Worthy (M. D. or other)
Address Hartsville Mo. Date signed _____

MOTHER FATHER {

SUPPLEMENTARY

