

FILED DEC 18 1947

Registration District No. 278

Primary Registration District No. 5784

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Wardola
(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 4 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town Wardola
(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 _____

3. (a) PRINT FULL NAME DOVIE PEARL RICKETT'S

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Claude Gilbert Ricketts 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Feb 1895 (Month) (Day) (Year)

8. AGE: Years 52 Months 8 Days 31 If less than one day _____ hr. _____ min.

9. Birthplace Waynes Co Tennessee (City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

12. Name Charlie Robinson

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

14. Maiden name Mary Burch

15. Birthplace Waynes Co Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Claude Gilbert Ricketts

(b) Address Wardola, Mo.

17. (a) Burial (b) Date thereof Oct 30 1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Decaturville, Tenn.

18. (a) Signature of funeral director Travis Shelby

(b) Address East Higgins, Mo.

19. (a) 12-12-47 (b) Hertauda H. Harper (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28 year 1947 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from 17 May 1947 to Oct 28 1947 that I last saw him alive on Oct 27 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Duration 1 yr

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 3rd

Major findings: Of operations 3rd

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) (r) Means of injury 2

23. Signature A. P. Fentland (M. D. or other)

Address Wyaatt, Mo. Date signed 11-3-47

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

MOTHER FATHER

RECEIVED
District Health Office No. 2,
District File Number 1247-1594
Date Filed 12-15-42

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 *Frazer Shelby*.....

Licensed Embalmer No. 2726.....

P. O. Address East Orange 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.