

Registration District No. 238

Primary Registration District No. 5821

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Sikeston Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community seventeen yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid
(c) City or town Sikeston Rural 72
(If outside city or town limits, write "RURAL")
(d) Street No. R. 4
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 48 hour 9 minute 15 P. M.
21. I hereby certify that I attended the deceased from 3/10/48
1948 to 3/16/48 1948
that I last saw h. ER. alive on 3/16/48 1948
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cardiac Failure
Due to Arteriosclerotic Heart Disease 14h
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) (c) Means of injury.....
23. Signature John L. Sample (M. D. or other) D.O.
Address 1212 Mand St. Date signed 3/20/48

3. (a) PRINT FULL NAME Rachel Jones
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased March 1 1978
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 0 14 hr. min.

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

10. Usual occupation.....

11. Industry or business Home Wife

MOTHER FATHER
12. Name Prince Saggard
13. Birthplace Georgia
(City, town, or county) (State or foreign country)
14. Maiden name Malinda Saggard
15. Birthplace Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant A. L. Moore
(b) Address 292 Sikeston, Mo.

17. (a) (Burial, cremation, or removal)..... (b) Date thereof..... (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Cemetery

18. (a) Signature of funeral director Fred J. Smith
(b) Address 1212 Mand St. Sikeston

19. (a) 3-24-48 (Date received local registrar) (b) Helen Louise Jones (Registrar's signature) 5/16

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

RECEIVED

District Health Office No. 2,

District File Number 448-422

Date Filed 4-5-48

APR 9 1948

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..... *Frank Smith*.....

Licensed Embalmer No. 4408

P. O. Address..... Sikeston, 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.