

Registration District No. 103

Primary Registration District No. 4175

Registrar's No. 14

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Hornersville
(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 _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME MARTHA JANE PETTY
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 J. W. Petty 6. (c) Age of husband or wife if alive 6 years
7. Birth date of deceased: Aug. 7 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name John Adcock

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

14. Maiden name Elizabeth Adcock

15. Birthplace Penn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Hill

(b) Address Benton Harbor, Mich.

17. (a) _____ (b) Date thereof 7-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Critttersville

18. (a) Signature of funeral director W. P. Emerson

(b) Address Jonesboro, Ark.

19. (a) 7-27-48 (b) Burthakenshaw
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Dunklin
(c) City or town Hornersville
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 17
year 1948 hour 11 minute 10 A.M.
21. I hereby certify that I attended the deceased from MO. 127
1948 to JULY 17 1948
that I last saw her alive on JULY 17 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Myocardial degeneration Duration 3 1/2

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 975

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) (Specify means of injury) 2

23. Signature S. L. Kalloutz (M.D. or other) MD

Address Hornersville Date signed 7-19-48

WRITE PRINTED - USE CARBONING PAPER

MOTHER FATHER

RECEIVED

District Health Office No.

District File Number 248-10

Date Filed 8-11-

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 Mr. T. Emerson

Licensed Embalmer No.....

P. O. Address of numbers

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.