

FILED MAR 20 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 8205

BIRTH NO.		REG. DIST. NO. 108		PRIMARY REG. DIST. NO. 2423		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY DUNKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE MISSOURI b. COUNTY DUNKLIN			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SENATH RURAL		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SENATH, RURAL		0359	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE				d. STREET ADDRESS (If rural, give location) NONE			
3. NAME OF DECEASED (Type or Print) a. (First) MARGARET		b. (Middle) DELLA		c. (Last) ROPER		4. DATE OF DEATH Feb (Month) 3 (Day) 1950 (Year)	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH May 11, 1874	
9. AGE (In years, last birthday) 75		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Newbern, Tennessee	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William F. Landreth		13b. MOTHER'S MAIDEN NAME Mary Clay		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Idella Hamlin Senath			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acquired Cardiac Renal Colloqu DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 wk  7831	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 3, 1950, to Feb 1, 1950, that I last saw the deceased alive on Feb 1, 1950, and that death occurred at 2:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Robert E. Martin M.D.				23b. ADDRESS SENATH, MISSOURI		23c. DATE SIGNED 2-4-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 5, 1950		24c. NAME OF CEMETERY OR CREMATORY SENATH CEMETERY		24d. LOCATION (City, town, or county) (State) SENATH, MISSOURI	
DATE REC'D BY LOCAL REG. 3-6-1950		REGISTRAR'S SIGNATURE Mrs J. L. Lanier 91		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MCDANIEL FUNERAL SERVICE, INC. SENATH, MISSOURI			

(Licensed Embalmer's Statement on Reverse Side)

SENATH, MISSOURI

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

350

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-11-50

COUNTY FILE NUMBER 350-85

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**STATEMENT BY LICENSED EMBALMER**

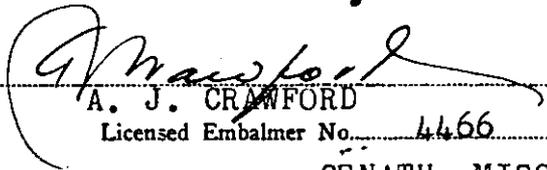
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

  
A. J. CRAWFORD  
Licensed Embalmer No. 4466

P. O. Address SENATH, MISSOURI

**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.