

13-40
17-39
X23159

FILED OCT 18 1940
Registration District No. 290

Primary Registration District No. 5408

Registrar's No. _____

1. PLACE OF DEATH: Dunklin

(a) County Dunklin

(b) City or town Rural - Salem
(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 Dunklin

(c) City or town Arbyrd Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME WANDA - MADINE - CARDWELL

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, Infant

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Sep. 3rd 1939
(Month) (Day) (Year)

8. AGE: Years 1 Months 0 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Rural - Salem, Mo - 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Oldew Cardwell

13. Birthplace Christopher, Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Wheeler -

15. Birthplace Rural - Salem, Mo -
(City, town, or county) (State or foreign country)

16. (a) Informant Oldew Cardwell

(b) Address Arbyrd, R 7 D, Mo -

17. (a) Rural (b) Date thereof 9 18 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Silverdale, Mo -

18. (a) Signature of funeral director J. H. Howard

(b) Address Leachville, Ark -

19. (a) Oct 7 - 1940 (b) A. S. McDaniel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 17
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept 15 -
1940 to Sept 17, 1940

that I last saw h _____ alive on _____, 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cocaine Duration 1 wk

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

263 _____ (Specify type of place)
While at work? _____ (a) Means of injury _____

23. Signature J. H. Howard (M. D. or other) _____
Address Leachville, Ark - Date signed 7/19/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 2,

District File Number 1040-158

Date Filed 10/10/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.