

FILLED SEP 29 1941  
288

Registration District No. ....

Primary Registration District No. 41721

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Kennett, Mo.  
(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)

3. (a) PRINT FULL NAME Amos Robert Roden

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Pearl Roden 6. (c) Age of husband or wife if alive 43 years  
7. Birth date of deceased March 24 1894  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	47	5	29	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER  
12. Name Amos Roden  
13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Amie Frazier  
15. Birthplace Dunklin Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Roden  
(b) Address Kennett, Mo. #2

17. (a) Burial (b) Date thereof Sept. 25, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hazel Cemetery

18. (a) Signature of funeral director Raymond Russell  
(b) Address Piggott, Arkansas

19. (a) (Date received local registrar) (b) G. J. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County 35  
(c) City or town .....  
(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 Sept day 23  
year 1941 hour 10:05 minute 9 M.

21. I hereby certify that I attended the deceased from Apr. 1,  
1941, to Sept 23 1941;  
that I last saw 3<sup>00</sup> alive on Sept 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Alabar Pneumonia  
Due to Branchial Actinomyces

Due to Chr. Nephritis  
Other conditions. (Include pregnancy within 3 months of death)  
Major findings: 108  
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? .....

23. Signature James C. ... (M. D. or other) 9/25/41  
While at work? (Specify type of place) (c) Means of injury  
Address Adm. ... Date signed 9/25/41

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

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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.....  
....., 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.**