

No. 1-2-39  
5-17-39  
I X33697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22310

State File No. \_\_\_\_\_

Registrar's No. 275

Registration District No. 316

Primary Registration District No. 6075

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Mo. State Hospital No. 4 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 mos. 5 days.  
(Specify whether  
Lived in Detroit, Michigan  
years, months or days) at time of entry to hospital.

3. (a) PRINT FULL NAME ROSE ELIZABETH PORTER

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife John M. Pickens

6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased May 30, 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

|           |          |          |                |
|-----------|----------|----------|----------------|
| <u>64</u> | <u>0</u> | <u>5</u> | hr. _____ min. |
|-----------|----------|----------|----------------|

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

10. Usual occupation Housewife and Cook for Hotels and Restaurants.

11. Industry or business Thomas Green Liggett

12. Name Thomas Green Liggett

13. Birthplace Kennett, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof June 8, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem., Kennett, Mo.

18. (a) Signature of funeral director Lentz Funeral Home

(b) Address Kennett, Missouri

19. (a) June 12, 1943 (b) Byrdie Behrmeister  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 94

(c) City or town Kennett  
(If outside city or town limits, write "RURAL") 0

(d) Street No. Unknown  
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5  
year 1943 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 4-30-43, 19\_\_\_\_, to June 5, 1943, 19\_\_\_\_;  
that I last saw her alive on June 5, 1943, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Asthma (Cardiac) Duration Do not know.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chronic Valvular Heart Disease, Arteriosclerosis. Do not know.

(Include pneaucy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

Means of injury 0

23. Signature Thomas Green Liggett (M. D. or other) \_\_\_\_\_

Address Farmington, Mo. Date signed 6-5-43

1176

RECEIVED

District Health Officer No. 4  
District File Number 743-2370  
Date Filed 7-6-43

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.....

me, Registered Apprentice No.....  
working under my personal supervision.

Signed C. H. Cozart

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.