

FILED SEP 8 1943 70

Registration District No. 70

Primary Registration District No. 3050

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Pemiscot
 (b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 None
(Specify whether)
 In this community 23 years
years, months or days

3. (a) PRINT FULL NAME Rosa I. Clower

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Daniel 6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased March 11, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>5</u>	<u>2</u>	hr. _____ min.

9. Birthplace Dyers Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Housewife

11. Industry or business as above

12. Name Ben O. Knoe

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

14. Maiden name Rachel Burnett

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

16. (a) Informant H.A. Fisher

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 8-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director J. L. LaBorge

(b) Address Caruthersville, Mo.

19. (a) 8-13-43 (b) Jessie W. Marney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
 (c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
 (d) Street No. Grand Avenue
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country Citizen of U.S.A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13
 year 1943 hour 3 minute _____ A.M.

21. I hereby certify that I attended the deceased from Aug. 11 - 1943 to Aug. 13 1943
 that I last saw her alive on Aug. 12 - 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia 1 day
Acute Diarrhea 3 days

Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: 101
 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?
 While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature J. P. Union (M. D. or other)
 Address Caruthersville, Mo. Date signed 8-13-43

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

MOTHER FATHER

1206

8-43-273

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.....

Noel C. Deane

Licensed Embalmer No. 3941

P. O. Address Portageville

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.