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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20833

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2696

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home 1310 College
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 50 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kennett
(If outside city or town limits, write "RURAL")
(d) Street No. 1310 College
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME MARGARET A. RODMAN

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Edward J. Dec 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 25-1863
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Calloway Co, MO
(City, town, or county) (State or foreign country)

10. Usual occupation Wife

11. Industry or business _____

12. Name R. H. Fowler
13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Bailey
15. Birthplace Rockport MO
(City, town, or county) (State or foreign country)

16. (a) Informant Miss L. Rodman
(b) Address 1310 College

17. (a) Burial (b) Date thereof 6-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mexico, Mo

18. (a) Signature of funeral director Mrs. E. L. Foster
(b) Address K. C. Mo

19. (a) 6-28-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 th
year 1944 hour 5:45 minute _____ M. _____

21. I hereby certify that I attended the deceased from June 4, 1944 to June 26, 1944
that I last saw her alive on June 26, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 2 yrs

Due to _____
Due to _____
Other conditions 93d
(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? _____

White at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature E. P. Reese, M.D.
Address 3309 E. 12th Date signed 6-27-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

861

(Licensed Embalmer's Statement on Reverse Side)

2-17-19
R. 1247

[Handwritten signature]

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.....

W. H. Jackson

Licensed Embalmer No. *3954*

P. O. Address *P. O. No.*

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.