

No. 2
5-43
17-39
X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14261

State File No. _____

Registration District No. 277

Primary Registration District No. 3045

Registrar's No. # 42

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
217 Vine St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 12 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
Charleston
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. 217 Vine St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Willie Roddy

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

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

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

7. Birth date of deceased October 23, 1901
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>5</u>	<u>13</u>	hr. min.

9. Birthplace Mariana, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name George Larmore

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

14. Maiden name Priscilla Simmons

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

16. (a) Informant Mrs. Anna L. Horton
(b) Address R. 1, Box 81, Henson, Mo.

17. (a) Burial (b) Date thereof April 9, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director T. J. Sparks
(b) Address 517 S. Locust, Charleston, Mo.

19. (a) 4-11-47 (b) Mrs. J. R. Bondurant
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1947 hour 4:00 minute _____ A.M.

21. I hereby certify that I attended the deceased from 4-4-47, 1947, to 4-5-47, 1947;
that I last saw him alive on 4-4-47, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 3 days

Due to _____
Due to _____

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

Major findings:
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) no
(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 _____
Signature C. C. Presnell (M. D. or other) _____
Address Charleston, Mo. Date signed 4/8/47

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

MOTHER FATHER

RECEIVED

District Health Office No.

District File Number 242-5

Date Filed 4-14-47

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 Frank Sparks

Licensed Embalmer No. 3855

P. O. Address Cape Girardeau, 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.