

FILED JUL 11 1947
 102

Registration District No. **102**

Primary Registration District No. **4174**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County **Dunklin**
 (b) City or town **Cardwell**
 (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 **40 years** years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Dunklin**
 (c) City or town **Cardwell**
 (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 _____

3. (a) PRINT FULL NAME **A. D. D. I. E. R. E. N. A. - C. U. N. N. I. N. G. H. A. M.**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **June** day **12th**
 year **1947** hour _____ minute _____ M.

4. Sex **Female**
 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widow**
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Dec. 15th 1885**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Acute heart failure**

8. AGE: Years Months Days If less than one day
61 5 27 hr. _____ min.

Due to **chronic heart disease - due to generalized arterio-sclerorisis.**
 Due to _____

9. Birthplace **Ashhill, Mo.**
 (City, town, or county) (State or foreign country)

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

10. Usual occupation **house wife**
 11. Industry or business _____
 12. Name **Thomas Keith**
 13. Birthplace **Petersburg, Ind.**
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy **95C**

14. Maiden name **Sarah Grayberry**
 15. Birthplace **Ashhill, Mo.**
 (City, town, or county) (State or foreign country)

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?

16. (a) Informant **Jesse Jones**
 (b) Address **Cardwell, Mo. etc.**
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
 (c) Place: burial or cremation **Cardwell, Mo.**

While at work? _____ (Specify type of place)
 (c) Means of injury **2**

18. (a) Signature of funeral director **W. W. Howard**
 (b) Address _____
 19. (a) **6-26-47** (b) **E. L. Harrison**
 (Date of local registrar) (Registrar's signature)

23. Signature **Walter Harrison**
Kennett, Mo.
 Address _____ Date signed **6-12-47**

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

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35
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RECEIVED

District Health Office No. 2,

District File Number 747-953

Date Filed 7-9-47

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 W H Howard

Licensed Embalmer No. 3959

P. O. Address Leachville, Ark.

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.