

FILED JUL 7 1947

Registration District No. **260**

Primary Registration District No. **5905**

Registrar's No. **201**

1. PLACE OF DEATH:

(a) County **Lemercos**

(b) City or town **"Rural" Foster Rodan**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Two years**
(Specify whether years, months or days)

In this community **Two years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Fremont**

(c) City or town **Portageville**
(If outside city or town limits, write "RURAL")

(d) Street No. **Route # 2**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME **Candy Sledge**

3. (b) If veteran name war **No**

3. (c) Social Security No. **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **7** year **1947** hour **2** minute **19** M.

21. I hereby certify that I attended the deceased from **March 7** 1947 to **May 9** 1947 that I last saw her alive on **May 9** 1947 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **Black**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Walter Sledge** 6. (c) Age of husband or wife if alive **24** years **1876**

7. Birth date of deceased: **April 24** (Month) (Day) (Year)

Immediate cause of death: **Heart Knover - probably myocardial insufficiency**

Due to **arteriosclerosis**

Due to:

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

8. AGE: Years **71** Months **0** Days **1** If less than one day **min.**

9. Birthplace: **Wentworth Miss**
(City, town, or county) (State or foreign country)

Major findings: **93E**

Of operations:

Of autopsy:

PHYSICIAN: **93E**

Underline the cause to which death should be charged statistically.

10. Usual occupation:

11. Industry or business:

MOTHER FATHER

12. Name **Bessie Everett**

13. Birthplace **Wagon Springs**
(City, town, or county) (State or foreign country)

14. Maiden name **Kathleen Parker**

15. Birthplace **Wentworth Miss**
(City, town, or county) (State or foreign country)

16. (a) Informant **Bessie Everett**

(b) Address **Osceola Ark**

17. (a) **Bessie** (b) Date thereof **5-29-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Portageville Cem. Mo**

18. (a) Signature of funeral director **Joseph R. ...**

(b) Address **Portageville, Mo**

19. (a) **6-12-47** (b) **mas H. Sledge**
(Date received local registrar) (Registrar's signature)

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?
(Specify type of place) (e) Means of injury: **0**

23. Signature **John H. Sledge** (M.D. or other) **0**
Address **Portageville Mo** Date signed **5-29-47**

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

78
0
0

7-47-204

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.....

working under my personal supervision.

Joseph A. De Lisle

Registered Apprentice No. *488*

Signed

Leonard J. Vargo

Licensed Embalmer No. *4386*

P. O. Address *Portageville 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.