S. No. 2
—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24910

Registration District No. Millres 238

Primary Registration District No. 4845

Registrar's No. 224

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Matthews
(If outside city or town limits, write "RURAL" and name of township)

(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 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72

(c) City or town Matthews 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Beatrice Rodgers

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F /

5. Color or race W

6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Hooper H. Rodgers

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased 3 (Month) 29 (Day) 97 (Year)

8. AGE: Years 50 | Months 3 | Days 1 | If less than one day ___ hr. ___ min.

9. Birthplace Carlysle Co. (City, town, or county) Ky. / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John William Dewey
13. Birthplace Carlysle Co. (City, town, or county) Ky. / (State or foreign country)

MOTHER
14. Maiden name Eliza Rammage
15. Birthplace Carlysle Co. (City, town, or county) Ky. / (State or foreign country)

16. (a) Informant Hooper H. Rodgers
(b) Address Matthews, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/32/47 (Month) (Day) (Year)
(c) Place: burial or cremation Matthews, Mo.

18. (a) Signature of funeral director H. W. Albritton
(b) Address Sikeston, Mo.

19. (a) 8-5-47 (Date received local registrar) (b) Helen Lord Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 30
year 1947 hour 7 minute 10 a M.

21. I hereby certify that I attended the deceased from 5-2-47, 19__, to 6-20-47, 19__
that I last saw her alive on 6-20-47, 19__
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Hypertensive Vascular disease	5 yrs.
Due to Rheumatic endocarditis	?
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)
(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)
While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other)
Address Sikeston Date signed 5 July

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 842-1089
Date Filed 8-12-42

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. John Allenton

Licensed Embalmer No. 2941

P. O. Address Sedgeton 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.