

FILED NOV 8 1947/49
Registration District No.

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Texas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Luke's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 weeks** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Arkansas** (b) County **Boone**
(c) City or town **Harrison** (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **MRS. DESSIE MYRTLE OXFORD**
(b) If veteran, name war **No.**
(c) Social Security No. **No.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **1**
year **1947** hour **9** minute **0** A.M.
21. I hereby certify that I attended the deceased from **10-3**, 19**47**, to **11-1**, 19**47**
that I last saw him alive on **11-1**, 19**47**
and that death occurred on the date and hour stated above.
Immediate cause of death **Noddy's Disease**
Due to

4. Sex **Female** 5. Color **Wh.** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **M. S. Oxford** 6. (c) Age of husband or wife if alive **61** years
7. Birth date of deceased **September 19, 1898**
(Month) (Day) (Year)

8. AGE: Years **49** Months **1** Days **12** If less than one day hr. min.

9. Birthplace **Boone County Ark.**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **At Home**

12. Name **Nath Christian**

13. Birthplace **Denham, Arkansas**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Alice Henderson Palmer**

15. Birthplace **Boone County Arkansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **M. S. Oxford**
(b) Address **Harrison Arkansas**

17. (a) **Removal** (b) Date thereof **Nov. 1-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Harrison, Ark.**

18. (a) Signature of funeral director **N. W. Newberry**
(b) Address **1401 Crush Creek Blvd.**

19. (a) **11-1-47** (b) **Geraldine Holman**
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) **445**
Major findings: **None**
Of operations

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 **G. N. Stein** (M. D. or other)
Address **Playa del Rey** Date signed **11-1-47**

Duration
3 yrs
PHYSICIAN
Underline the cause of which death should be charged statistically.

Stacy med. 1944

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 _____

Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C., 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.