

PERMIT FOR REMOVAL AND BURIAL

THIS IS NOT A DEATH CERTIFICATE

345

1. PLACE OF DEATH: Dist. No. _____
 COUNTY OF Mar
 CITY, TOWN OR RURAL DISTRICT OF Waco STREET AND NO. _____ LOCAL REGISTERED NO. _____
 2. FULL NAME Bettie Louise Rodgers IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME _____
 RESIDENCE: No. Waco Pond Road ST. _____ IF NON-RESIDENT, GIVE CITY OR TOWN, AND STATE _____
USUAL PLACE OF ABODE

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED? (WRITE THE WORD) Single
 22. DATE OF DEATH Oct 31 1932
MONTH DAY YEAR

5A. IF MARRIED, WIDOWED OR DIVORCED, NAME OF HUSBAND OR WIFE _____
 23. MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 10-30-32 TO 10-31-1932
 THAT I LAST SAW H. 27 ALIVE ON 10 31 - 1932 AND THAT DEATH OCCURRED ON THE ABOVE STATED DATE AT THE HOUR OF 10 30 P. M.
 24. CORONER'S CERTIFICATE OF DEATH I HEREBY CERTIFY, THAT I TOOK CHARGE OF THE REMAINS DESCRIBED ABOVE, HELD AN _____ INQUEST, AUTOPSY OR INQUIRY THEREON, AND FROM SUCH ACTION FIND THAT SAID DECEASED CAME TO HIS DEATH ON THE DATE STATED ABOVE.

6. DATE OF BIRTH June 18 1932
MONTH DAY YEAR
 7. AGE 4 YR 12 MO 12 DAYS. IF LESS THAN ONE DAY HRS. _____ MIN. _____

8. TRADE, PROFESSION OR KIND OF WORK DONE none
 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILKMILL, SAWMILL, BANK, ETC. _____
 10. DATE DECEASED LAST WORKED AT _____ 11. TOTAL YEARS SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) Bakersfield Calif.
 STATE OR COUNTRY _____
 23. MEDICAL CERTIFICATE OF DEATH (CONTINUED) THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE, IN ORDER OF ONSET, WERE AS FOLLOWS:
Gastro enteritis
Toisend from spoiled
Rained milk
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

FATHER 13. NAME W A Rodgers
 14. BIRTHPLACE (CITY OR TOWN) Hugo
 STATE OR COUNTRY Alaba

MOTHER 15. MAIDEN NAME Marion Thomas
 16. BIRTHPLACE (CITY OR TOWN) Hardy
 STATE OR COUNTRY Ark

17. LENGTH OF RESIDENCE A. CITY, TOWN OR RURAL DISTRICT OF DEATH YRS. 4 MOS. _____ DAYS
 B. IN CALIFORNIA YRS. 4 MOS. 12 DAYS
 C. IN U. S., IF OF FOREIGN BIRTH YRS. _____ MOS. _____ DAYS

18. INFORMANT (SIGNATURE) J R G
 ADDRESS _____
 25. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN THE FOLLOWING:
 ACCIDENT, SUICIDE OR HOMICIDE? _____ DATE OF INJURY _____
 INJURED AT _____ CITY OR TOWN OF _____ COUNTY AND STATE OF _____
 DID INJURY OCCUR IN HOME, INDUSTRY, OR PUBLIC PLACE? _____
 MANNER OF INJURY _____
 26. IF DISEASE/INJURY RELATED TO OCCUPATION, SPECIFY _____

19. BURIAL, CREMATION OR REMOVAL? Burial
 PLACE Shafter WRITE THE WORD DATE 11-1-
 27. SIGNATURE M M Hay PHYSICIAN, AUTOPSY SURGEON
 ADDRESS Shafter

20. EMBALMER { LICENSE No. 271 SIGNATURE J R G
 FUNERAL DIRECTOR _____ ADDRESS _____
 28. WHEN REQUIRED BY LAW _____ CORONER COUNTY OF _____

21. FILED Waco DATE 11-1-32 LOCAL REGISTRAR N O Bormann

LOCAL REGISTRAR'S PERMIT FOR REMOVAL

N. B.—THIS PERMIT CAN BE SIGNED ONLY BY THE LOCAL REGISTRAR (DEPUTY OR SUBREGISTRAR) OF THE PRIMARY REGISTRATION DISTRICT IN WHICH THE DEATH OCCURRED AFTER THE FILING AND ACCEPTANCE OF A COMPLETE AND CORRECT CERTIFICATE OF DEATH LEGIBLY WRITTEN IN DURABLE BLACK INK. A CERTIFICATE OF DEATH HAVING BEEN PRESENTED TO ME, AND AFTER EXAMINATION THE SAME APPEARING TO BE COMPLETE, CORRECT AND SATISFACTORY AS REQUIRED BY LAW, I HAVE FILED IT WITH THE ABOVE STATED LOCAL REGISTERED NUMBER, AND ON THE BASIS THEREOF I HEREBY GRANT A PERMIT TO THE ABOVE NAMED UNDERTAKER FOR THE REMOVAL AND BURIAL OR CREMATION OF THE BODY OF SAID DECEASED PERSON AS STATED ABOVE. IN THE CASE OF DEATH FROM A DANGEROUS OR COMMUNICABLE DISEASE, THE BURIAL OR REMOVAL MUST BE CONDUCTED ACCORDING TO THE RULES OF THE STATE AND LOCAL BOARDS OF HEALTH.

DATE Nov 1 1932 BY _____ LOCAL REGISTRAR N O Bormann CLERK _____

THIS PERMIT IS SUFFICIENT FOR THE REMOVAL AND BURIAL OR CREMATION OF A BODY AT DESTINATION AS ABOVE INDICATED (SUBJECT TO LOCAL CEMETERY OR OTHER REGULATIONS).

Endorsement of Sexton or Person in Charge of Premises on Which Interments or Cremations are Made

No casket
 (SIGNATURE OF PERSON IN CHARGE OF CEMETERY, CREMATORIUM, ETC.) _____

DATE OF INTERMENT OR CREMATION _____ 19 _____ (NAME OF CEMETERY, CREMATORIUM, ETC.) _____

TRIPPLICATE—TO BE RETAINED BY THE FUNERAL DIRECTOR TO WHOM PERMIT IS ISSUED.

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 READ THE PRINTED MATTER CAREFULLY