

REC'D APR 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10592
Do not use this space.

1. PLACE OF DEATH ³⁰ Dallas 7
 (a) County Shelby Registration District No. 243
 (b) Township Fair Grove Primary Registration District No. 5337
 (c) City Fair Grove (d) Street No. # 2 Registered No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME ROSA VADA Mc DOWELL
 (a) Residence, No. FAIR GROVE MO. R# 2 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9-1879
 7. AGE YEARS 58 MONTHS 8 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
 9. Industry or business in which work was done, as saw mill, bank, etc. In home
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co. Mo.
 FATHER 13. NAME Lafayette Greenhouse
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 MOTHER 15. MAIDEN NAME Nancy Jane Green
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina
 17. INFORMANT (ADDRESS) M. H. Greenhouse
Fair Grove, Mo. R# 2
 18. BURIAL, CREMATION, OR REMOVAL PLACE Wesley Ridge DATE April 3, 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Klingner
Springfield, Mo.
 20. FILED 4-5-38 Wm. G. H. Shewmaker
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/2/38 19 38
 22. I HEREBY CERTIFY, That I attended deceased from 2/20/38, 19 38, to 3/31/38, 19 38
 I last saw h.e.r. alive on 3/30/38, 19 38. Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Cancer R. Breast (carcinoma)
5 yr.
 Other contributory causes of importance:
Bilateral Hydrothorax 3/1/38
Cachexia of Cancer
 Name of operation Aspiration of Clap Date of untreated
 What test confirmed diagnosis? _____ Was there an autopsy? nt
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury Used Electric Cancer Pate.
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Dusward B. Hall, M. D.
 (Address) 500 Holland Bldg. Springfield, Mo.

N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of the certificate was embalmed by me,

J. B. Klingner

for by *Roy A. Gavin*

Registered Apprentice No. *1763*, working under my personal supervision.

Signed *J. B. Klingner*

Licensed Embalmer No. *3358*

P. O. Address *Springfield, 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, above space should be left blank.