

DECEASED FEB 9 1939

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

2053
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
(b) Township _____ Primary Registration District No. 3014 Registered No. 22
(c) City Jefferson (d) Street No. St. Marys Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

2. PRINT FULL NAME Rosalee Catherine Prince

(a) Residence, No. Eugene, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 8th, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 10 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Eugene (STATE OR COUNTRY) Missouri

FATHER 13. NAME Lester Prince

14. BIRTHPLACE (CITY OR TOWN) Dillard (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Lola May Whittner

16. BIRTHPLACE (CITY OR TOWN) Greentree (STATE OR COUNTRY) Missouri

17. INFORMANT Lester Prince (ADDRESS) Eugene, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring Garden Cem. DATE Jan. 30th, 1938

19. FUNERAL DIRECTOR (NAME) G. N. Sterfens (ADDRESS) Russellville, Mo.

20. FILED 1/30/39 Sub. of M. O. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 28, 1939

I HEREBY CERTIFY That I attended deceased from January 27, 1939 to January 28, 1939. I last saw her alive on January 28, 1939. Death is said to have occurred on the date stated above, at 11:50 a.m.. The principal cause of death and related causes of importance were as follows:

Cerebellar abscess (left side) Date of onset Jan. 22, 1939
11:50 a.m.

Other contributory causes of importance: Acute naso-pharyngeal
Acute otitis media (Bilateral)

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

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 _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) John W. McHenry M. D.

(Address) Jefferson City, Mo

N. B.—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.

26
5

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.....

Licensed Embalmer No.....

P. O. Address.....

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.