

REC'D MAR 13 1939

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

6545
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 316
(b) Township N Campbell Primary Registration District No. 2001
(c) City SPRINGFIELD (d) Street No. 2221 N Jefferson Registered No. 144
(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 ROSETTA CHRISTY

(a) Residence, No. 2221 N Jefferson 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
61 10 9

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield mo

FATHER 13. NAME Alonzo Woodrume

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER 15. MAIDEN NAME Sarah E. Hancock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

17. INFORMANT (ADDRESS) Fred Christy 2221 N Jefferson St

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Feb 19, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dunn-Hall Springfield mo

20. FILED Feb 18, 1939 Chas A George M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12/129 to Feb 16, 1939
I last saw her alive on Feb 6, 1939. Death is said to have occurred on the date stated above, at 3:15 P.M.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis
Myocard Date of onset 0 mo.
34
Other contributory causes of importance: 2
2

Name of operation none Date of
What test confirmed diagnosis? mil Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury 19.....
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) A. F. Freeman M.D. (Address) Springfield 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.

39
5
6

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

Hayd W. Ford

Licensed Embalmer No. *2910*

P. O. Address *609 W Walnut*

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.