

1940

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

8444
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
(b) Township Center Primary Registration District No. 3039 Registered No. 29
(c) City Nevada (d) Street No. 620 S. Cedar 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 40 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Rosa Lee Litson
(a) Residence, No. 620 S. Cedar 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 E. E. Litson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14, 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
63 4 17

OCCUPATION 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.
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) Sheridan County Missouri

FATHER 13. NAME Oscar Brooks

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

MOTHER 15. MAIDEN NAME Jane Kelley

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

17. INFORMANT (ADDRESS) E. E. Litson Nevada, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton County DATE Feb. 3, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ferry Funeral Home Nevada, Mo

20. FILED 2-5 1940 Alton V. Hays Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1940, to Feb 1 1940
I last saw her alive on Jan 31 1940. Death is said to have occurred on the date stated above, at 4:35 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Arterio Sclerosis
Other contributory causes of importance: Diabetes

Date of onset 1-29 1940

Name of operation Physical Exam Date of no
What test confirmed diagnosis Physical Exam Where an autopsy? no

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) J. L. Fove M. D.
Nevada, Mo (Address)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FORM 9-19-33 I X16603

Date filed
L.S. File Number 2-14-1910
RECEIVED District Health Officer No. 7
2-14-1910

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

Signed *Lloyd B. Whisnutt*
Licensed Embalmer No. *2857*
P. O. Address *Merada, 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.