

Registration District No. 134

Primary Registration District No. 5189

Registrar's No. 1

1. PLACE OF DEATH: *Canroll (Rural)*

(a) County: *Canroll (Rural)*

(b) City or town: *Canroll*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution *2*
(Specify whether years, months or days)

In this community *56 yrs*
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: *Rosa Belle Tatham*

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

4. Sex: *F*

5. Color or race: *W*

6. (a) Single, widowed, married, divorced: *Married*

6. (b) Name of husband or wife: *J. P. Tatham*

6. (c) Age of husband or wife if alive: *✓* years

7. Birth date of deceased: *2 15 1884*
(Month) (Day) (Year)

8. AGE: Years *56* Months *1* Days *6* If less than one day hr. _____ min. _____

9. Birthplace: *Canroll Co. Mo*
(City, town, or county) (State or foreign country)

10. Usual occupation: *House wife*

MOTHER FATHER

11. Industry or business: _____

12. Name: *Charles W. Staton*

13. Birthplace: *Canroll Co. Mo*
(City, town, or county) (State or foreign country)

14. Maiden name: *Mary Ellen Nett*

15. Birthplace: *Canroll Co. Mo*
(City, town, or county) (State or foreign country)

16. (a) Informant: *J. P. Tatham*

(b) Address: *Wakuda Mo*

17. (a) *Burial* (b) Date thereof: *3 25 1940*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: *Adkins Cem.*

18. (a) Signature of funeral director: *Willis Marshall*

(b) Address: *Canrollton Mo*

19. (a) *Mar. 24 1940* (b) *Mrs. A. G. Brown*
(If received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: *Missouri* (b) County: *Canroll*

(c) City or town: *Rural*
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *3* day *23*
year *1940* hour *1* minute *25* P. M.

21. I hereby certify that I attended the deceased from *Jan - 27*
en, 19____, to *Mar 23*, 1940;
that I last saw her alive on *Mar 23* P. M., 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death: *Carcinoma Breast -*

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death): _____

Major findings: _____

Of operations: _____

Of autopsy: *no*

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): _____

(b) Date of occurrence: _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury: _____

23. Signature: *M. Deegan* (D. or other) _____
Address: *Canrollton Mo* Date signed: *Mar 24 1940*

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 4-3-40

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 me

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

Signed J E Willis

Licensed Embalmer No. 1783

P. O. Address Carrollton 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.