

JUN 13 1940

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 491

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bapst. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 hours
(Specify, whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limit, write "RURAL")
(d) Street No. 1020 E. Walnut
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Alma A. Roseberry 216
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 31
year 1940 hour 8 minute P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dr. E.C. Roseberry 6. (c) Age of husband or wife if alive 29 years 1873
7. Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1
1940 to May 31 1940
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
66 11 2 hr. _____ min.

Immediate cause of death Chronic
Valvular Heart Disease
Due to _____
Due to _____

9. Birthplace Mt. Vernon Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John J. Leathers
18. Birthplace Unknown Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Mary J. Gathher
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Dr. E.C. Roseberry
(b) Address Springfield, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof June 2 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Vernon, Missouri

(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? _____

18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.

While at work? _____ (Specify type of place)
(e) Means of injury _____

19. (a) 6-2-40 (b) W. C. Handley M.D.
(Date received local registrar) (Registrar's signature)

23. Signature W. C. Handley (M. D. or other)
Address Springfield Mo. Date signed June 5-40

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

39
3
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

James Osburn
working under my personal supervision.

Registered Apprentice No. *227*

Signed *Paul J. Foremyer*

Licensed Embalmer No. *24457*

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.