

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21758

State File No. _____

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 535

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: 724 E. McDaniel
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days 257

3. (a) PRINT FULL NAME Rhoda Newsome

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive See years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years about 70 Months not known Days not known If less than one day _____ hr. _____ min.

9. Birthplace Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Landress

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Foster

(b) Address 724 E. McDaniel

17. (a) Buried (Burial, cremation, or removal)

(b) Date thereof June 25-40
(Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director W. E. Campbell

(b) Address 8611 Wash Ave

19. (a) June 24, 1940 (Date received local registrar)

W. E. Handley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Greene

(c) City or town Springfield
(If outside the city or town limits, write "RURAL")

(d) Street No. 724 E. McDaniel
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd
year 1940 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from 6/16/40
to 6/23/40, 1940
that I last saw her alive on 6/18/40, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chor. meningitis
with acute papilloedema following fall
on floor - 6/16/40

Due to _____

Due to _____

Other conditions Contusion of forehead -
Chor. meningitis tubercular chronic
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration ?

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence 6-16-40

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

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

While at work? _____

Signature R. E. Jenkins M.P. (M. D. or other) _____

Address 305 College St. Date signed 6/24/40

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

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.