DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11754

Registration District No. 716 — Primary Registration District No. 3945 — Registrar's No. 4

1. PLACE OF DEATH:
(a) County: Pulaski
(b) City or town: (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: ✓ In this community: always (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pulaski
(c) City or town: Rural Jasper (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

3. (a) PRINT FULL NAME: ROSALIE CREER
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: ✓
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: February 2nd 1941 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day: ✓ hr. min.

9. Birthplace: Pulaski (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housework
11. Industry or business: Housework
MOTHER FATHER
12. Name: Harold Greer
13. Birthplace: Charter Missouri (City, town, or county) (State or foreign country)
14. Maiden name: Nora Edna Simmons
15. Birthplace: Pulaski Co Missouri (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: Harold Greer
(b) Address: Crocker Mo.
17. (a) Crocker Funeral (Burial, cremation, or removal) (b) Date thereof: Feb 3 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Crocker Mo.
18. (a) Signature of funeral director: J. Chas. Sorrels Licensed Embalmer
(b) Address: Crocker Mo.
19. (a) 2/5/41 (Date received by local registrar) (b) M. Bell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2nd year 1941 hour 4:00 minute P. M.
21. I hereby certify that I attended the deceased from February 2nd 1941, to Febr 2nd 1941; that I last saw her alive on Febr 2nd 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchitis	4 hr
Pneumonia	
Due to: Contracted while in Nursing from Mother	
Due to: ✓	
Other conditions: ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations: ✓	
Of autopsy: ✓	

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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): ✓
(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? ✓ (Specify type of place)
(e) While at work? ✓ (e) Means of injury: ✓
23. Signature: M. Bell (M. D. or other)
Address: Crocker Mo Date signed: 3/10/41

(Licensed Embalmer's Statement on Reverse Side)

Rev. 8-17-39 — 1 X19511

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

RECEIVED
District Health Officer No. 6
District File Number 44145-9
Date Filed

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.