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X23199

DEC 15 1941

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield C.T.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital
(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

3. (a) PRINT FULL NAME Rosa B. Tansley

3. (b) If veteran, name war NO

3. (c) Social Security No. None

4. Sex F / race W.

5. Color or race W.

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Aug 8 1873
(Month) (Day) (Year)

8. AGE: Years 1 68 Months 2 Days 23 If less than one day hr. min.

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

10. Usual occupation Home Keeper

11. Industry or business _____

MOTHER FATHER

12. Name R. S. Martin

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

14. Maiden name Annie Wood

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

16. (a) Informant Kenneth Tansley

(b) Address Edzark, Mo.

17. (a) Burial (b) Date thereof Nov 14 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial, Cozack

18. (a) Signature of funeral director L. B. Chaffin

(b) Address Cozack, Mo.

19. (a) 11-4-41 (b) J. W. E. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Christian

(c) City or town Chadwick R.R.
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1 year 1941 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from Oct 27, 1941, to Nov 1, 1941; that I last saw her alive on Nov 1, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Cecum primary

Due to _____

Due to _____

Other conditions H. B.
(Include pregnancy within 5 months of death)

Major findings: Of operations Ulceration carcinoma of head of Cecum. Many aden

Of autopsy _____

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 U

Signature Joseph S. James (M. D. or other) MD

Address Springfield, Mo. Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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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

T. B. Chaffin

Licensed Embalmer No.

2192

P. O. Address

Ozark, 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, fact should be so stated above.

X