

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County CLAY
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: O'Reilly General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 days
(Specify whether years, months or days)
In this community 29 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Alabama (b) County Monroe
(c) City or town Beatrice (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1, Box 46
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME ROOSEVELT DUBOSE

3. (b) If veteran, name war None 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive KK years
7. Birth date of deceased May 18 1924
(Month) (Day) (Year)

8. AGE: Years 19 Months 3 Days 9 If less than one day hr. min.

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

10. Usual occupation Laborer
11. Industry or business Unknown

12. Name Edd DuBose
13. Birthplace Beatrice Alabama
(City, town, or county) (State or foreign country)
14. Maiden name Rosie Lee (Unknown)
15. Birthplace Beatrice Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant WD, AGO Forms #20 & #24

(b) Address O'Reilly General Hospital

17. (a) Removal (b) Date thereof Aug. 28, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beatrice, Alabama

18. (a) Signature of funeral director Wm. H. Handley

(b) Address Springfield Mo

19. (a) 8-27-43 (b) W. H. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27
year 1943 hour 7 minute 05 A. M.

21. I hereby certify that I attended the deceased from July 30, 1943 to August 27, 1943.
that I last saw him alive on August 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized peritonitis Duration 5 days

Due to Perforated cecum 5 days

Due to Carcinoma, transverse colon at hepatic flexure 1 year

Other conditions H/O
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Confirmation of above diagnoses.

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 Walter H. Ellis (M. D. or other) M. D.
Address O'Reilly Gen Hosp, Springfield Date signed 8/27/43

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

MOTHER FATHER

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.....

Walter E. Hamata

Licensed Embalmer No.....

3808

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, fact should be so stated above.