

FILED APR 28 1946
Registration District No. 126

Primary Registration District No. 5462

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Fair Gove Mo. Rt. 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.B. #1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 37
(c) City or town Fair Grove Rt. 2 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Rookard

3. (b) If veteran, name war No 3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 14 1958
(Month) (Day) (Year)

8. AGE: Years 88 Months I Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business at home

MOTHER FATHER { 12. Name Robert Rookard
13. Birthplace Virginia _____ (State or foreign country) 1
14. Maiden name Sarah V. Kerr _____ (State or foreign country)
15. Birthplace Virginia _____ (State or foreign country) 1

16. (a) Informant Earl Womnick

(b) Address Fair Gove, Mo.

17. (a) Burial April 5 (Date thereof) Apr. 5 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director W. Klingner & Co.

(b) Address Springfield Mo.

19. (a) Apr 5 1946 (Date received local registrar) Tom W. Porter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1946 hour _____ minute 5 P. M.

21. I hereby certify that I attended the deceased from 3/21 to 4/2 1946
that I last saw her alive on 3/28 and that death occurred on the date and hour stated above. 1946

Immediate cause of death Valvular Heart Disease Duration _____

Due to Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

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? _____

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

23. Signature W. F. Freeman (M.D. or other) _____
Address Springfield Mo. Date 4/5/46

11812
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Greene County Health Office,

County File Number 46-4-49

Date Filed 4-16-46

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 May Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

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.