

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF HEALTH OF MASSACHUSETTS
BUREAU OF THE CENTRAL REGISTER
FILED JUN 3 1946 STANDARD CERTIFICATE OF DEATH

State File No. 16913
2321
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Tunnsan City
(c) Name of hospital or institution: 2119 Terrace
(d) Length of stay: In hospital or institution. 35 yrs.
In this community 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Tunnsan City
(d) Street No. 2119 Terrace
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Rosetta Adelaide Whelan
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (c) Age of husband or wife if alive 10 years
7. Birth date of deceased Nov. 10 1862

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 22 year 1946 hour 2 minute 20 P.M.
21. I hereby certify that I attended the deceased from May 18, 1946, to May 27, 1946 that I last saw her alive on May 25, 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 6 Days 12 If less than one day hr. min.

Immediate cause of death Angina Pectoris Duration 6 Days
Due to Arteriosclerosis

9. Birthplace Vermont
10. Usual occupation Housekeeper
11. Industry or business Housekeeper

Other conditions (Include pregnancy within 3 months of death)
Due to
Major findings: Of operations none Of autopsy none

MOTHER FATHER
12. Name Don't know
13. Birthplace Don't know
14. Maiden name Don't know
15. Birthplace Don't know

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant John D. Whelan
(b) Address 2012 Jefferson
17. (a) (b) Date thereof 5-24-46
(c) Place: burial or cremation Maple Hill, N.C.
18. (a) Signature of funeral director Mrs. C. S. Foster
(b) Address H.C. no
19. (a) 5-24-46 (b) Heraldine Holmes

23. Signature H. D. ... M.D. (M. D. or other)
Address 1329 Waldheim Bldg. Date signed 5/29/46
While at work? (Specify type of place) (c) Means of injury

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
Whelan, Rosetta

1-7-5 pm

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 *Lewis A. P. [Signature]*

Licensed Embalmer No. 4416

P. O. Address 918-920 Brooklyn B.P.F.

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.