

No. 2
-5-43
5-17-39
I X36671

FILED OCT 20 1947

Registration District No. 100

Primary Registration District No. 5385

Registrar's No. 68

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

1. PLACE OF DEATH:

(a) County DENT

(b) City or town RURAL - MERAMEC TWP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DENT

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

(d) Street No. NEAR SALEM, MO
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROSA M. TEAGUE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife ELVA TEAGUE

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

7. Birth date of deceased APRIL 18 1893
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 17
year 1947 hour 2:10 minute A M.

21. I hereby certify that I attended the deceased from March 1940 to 9-17-47, 1947
that I last saw her alive on 7-17-47, 19____;
and that death occurred on the date and hour stated above

Immediate cause of death Pulmonary tuberculosis approx. 7 yrs. Duration _____

8. AGE: Years 54 Months 4 Days 29
If less than one day hr. _____ min. _____

9. Birthplace CRAWFORD CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER

12. Name ELEC EATON

13. Birthplace NO RECORD
(City, town, or county) (State or foreign country)

14. Maiden name BETTY MARTIN

15. Birthplace NO RECORD
(City, town, or county) (State or foreign country)

16. (a) Informant Elva Teague

(b) Address SALEM, MO

17. (a) BURIAL (b) Date thereof 9-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STONE HILL

18. (a) Signature of funeral director Chas. T. Spencer

(b) Address SALEM, MO

19. (a) 9-25-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions Carcinoma uterus - metastases Sygs
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy [Signature]

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? 2

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

23. Signature [Signature] (M. D. or other) 00

Address SALEM, MO Date signed 9-18-47

RECEIVED

District

RECEIVED

District Health Officer No. 5

District File No. 104.7576

Date Filed 10-12-47

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, ~~only~~.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *Wm. W. McDonald*

Licensed Embalmer No. *3806*

P. O. Address *Salem, 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.