

FILED AUG 4 1948  
Registration District No. 259

Primary Registration District No. 5825

Registrar's No. 24

1. PLACE OF DEATH:

(a) County New Madrid  
(b) City or town Rural (Parma #2)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 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

3. (a) PRINT FULL NAME Rosey Menley

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

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
Arvel Menley 29 1924  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
24 0 7 hr. min.

9. Birthplace Dunklin County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Osman P. Steward  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Annie B. Langford  
15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Arvel Menley  
(b) Address R. F. D. #2, Parma, Mo.  
17. (c) Burial (b) Date thereof. 7-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gravel Hill Strickland-Rainey  
18. (a) Signature of funeral director Dexter, Mo.  
(b) Address \_\_\_\_\_

19. (a) 7-22-48 (b) Dr. Snow  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. #2, Parma, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6  
year 1948 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 1948 to July 6, 1948  
that I last saw her alive on July 19, 1948  
and that death occurred on the 6th and hour stated above.

Immediate cause of death Subacute spinal meningitis Duration 7 mo.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 14  
Of autopsy no  
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) no.  
(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 S. B. Davis (M. D. or other) \_\_\_\_\_  
Address Dexter Mo Date signed 7-12-48

RECEIVED

District Health Office No.

District File Number 848-

Date Filed 8-2-8

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 \_\_\_\_\_

Licensed Embalmer No. 3479

P. O. Address \_\_\_\_\_

**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.**