

FILED JAN 28 1949

Registration District No. 31Primary Registration District No. 4640Registrar's No. 4

## 1. PLACE OF DEATH:

Benton

(a) County Benton  
 (b) City or town Cole Camp  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Moreland Clinic  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 12 Hours  
 (Specify whether  
 In this community Life  
 years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton  
 (c) City or town Cole Camp Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 6 Liles South West  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Rosetta Larie Reedy

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

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife None  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 22nd 1942  
 (Month) (Day) (Year)

8. AGE: 6 Years 7 Months 24 Days  
 If less than one day  
 hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

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

12. Name Verlin Reedy

13. Birthplace Benton County Missouri  
 (City, town, or county) (State or foreign country)

14. Maiden name Roselle Lee

15. Birthplace Fargo North Dakota  
 (City, town, or county) (State or foreign country)

16. (a) Informant Verlin Reedy

(b) Address Cole Camp R #1 Mo

17. (a) Burial (b) Date thereof Jan 19, 1949  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kt Olivet

18. (a) Signature of funeral director: E. W. Eickhoff

(b) Address Cole Camp Mo

19. (a) JAN 19, 1949 (b) E. W. Eickhoff  
 (Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16th  
 year 1949 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from 1-14-49  
 \_\_\_\_\_, 19, to 1-16-49, 19, \_\_\_\_\_;  
 that I last saw her alive on 1-16-49, 19, \_\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure

Due to Impetuous Obstruction at the Glottical Junction  
 Due to \_\_\_\_\_

Other conditions  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations 570.5

Of autopsy \_\_\_\_\_

## 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 2

23. Signature A. W. Moreland (M. D. or other) MD  
 Address Cole Camp Mo Date signed 1-21-49

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 12-48-1660

Date Filed 1-25-49

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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 E. S. Dickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.