

**AUG 10 1942**

Registration District No. **347-14**

Primary Registration District No. **4211**

Registrar's No. **159**

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

1. PLACE OF DEATH:

(a) County **Henry**  
(b) City or town **Winston**  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None**  
In this community **50 yrs**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Henry**  
(c) City or town **Winston**  
(d) Street No.  
(e) Citizen of foreign country? (Yes or No) **0**  
If yes, name country.

3. (a) PRINT FULL NAME **Rose L. Gresham**

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 **single**

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive **13** years

7. Birth date of deceased **11-18-1861**  
(Month) (Day) (Year)

8. AGE: Years **80** Months **6** Days **17** If less than one day hr. min.

9. Birthplace **Wearford W. Va.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **none**

12. Name **G. H. Gresham**

13. Birthplace **Bowling Green Ky.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Johnnie Gresham**

15. Birthplace **Wearford W. Va.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. M. C. Cowan**  
(b) Address

17. (a) **Burial** (b) Date thereof **6-1-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Laurel Oak**  
18. (a) Signature of funeral director **Fred Weeber**  
(b) Address **Clinton Mo.**

19. (a) **July 25, 1942** (b) **Georgia Kitchen**  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **20** year **1942** hour **6** minute **30 PM**

21. I hereby certify that I attended the deceased from **May 20** to **May 20** 19**42**  
that I last saw **alive** on **May 20** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Intestinal Neoplasia**

Due to **Mitral Stenosis**  
Other condition (Include pregnancy within 3 months of death)

Major findings: Of operations **12/10**  
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) (a) Means of injury **0**  
23. Signature **R. J. ...** (M. D. or other) **4-3**  
Address **...** Date signed **...**

RECEIVED

District Health Officer No. 7,

District File Number 8-42-875

Date Filed 8-7-42

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.....

*Fred Wickusson*

Licensed Embalmer No. 2478

P. O. Address Clinton 7

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.