

FILED MAY 21 1948

Registration District No. **245**

Primary Registration District No. **3047**

Registrar's No. **39**

1. PLACE OF DEATH:

(a) County **NEWTON**
(b) City or town **NEASHO**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **SALE MEMORIAL Hospital** 0
(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 **ROSA B. CULLUM**

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

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **MAY 18 1874**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 11 23 hr. min.

9. Birthplace **PULASKI Co. MISSOURI** 0
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business _____

MOTHER FATHER { 12. Name **WILLIAM KENFRO**
13. Birthplace **ILLINOIS** 1
(City, town, or county) (State or foreign country)
14. Maiden name **CATHARINE CROWER**
15. Birthplace **INDIANA** 1
(City, town, or county) (State or foreign country)

16. (a) Informant **Engine Cullum**
(b) Address **Neosho Mo.**

17. (a) **BURIAL** (b) Date thereof **5-14-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **DIAMOND CEMETERY**

18. (a) Signature of funeral director **W. J. Whitehead**
(b) Address **Neosho Mo.**

19. (a) **May 12, 1948** (b) **Melvin C. Bowman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **NEWTON** 73
(c) City or town **DIAMOND** 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **11**
year **1948** hour **1** minute **30 A.M.**
21. I hereby certify that I attended the deceased from **June**
_____ 1946, to **May 11** 1948
that I last saw her alive on **May 11** 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: **Hyperstatic pneumonia**
Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **111C**
Of autopsy _____
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?

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

23. Signature **W. J. Whitehead** (M.D. or other) **med**
Address **Neosho Mo.** Date signed **5-12-48**

RECEIVED

District Health Officer No. Newton

District File Number 548-303

Date Filed 5-20-48

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.....

Corley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.