

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36374
 Do not use this space.

NOV 23 1938

1. PLACE OF DEATH

(a) County Newton Registration District No. 609
 (b) Township _____ Primary Registration District No. 4363
 (c) City Neosho (d) Street No. Reynolds Hospital Registered No. 107 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Earnest M. Roseberry III

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 13, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 0 hrs. or min. 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Neosho 0
 (STATE OR COUNTRY) Missouri 0

FATHER 13. NAME Earnest M. Roseberry II 0
 14. BIRTHPLACE (CITY OR TOWN) Neosho 0
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Eddie Clark
 16. BIRTHPLACE (CITY OR TOWN) Granby
 (STATE OR COUNTRY) Missouri

17. INFORMANT Earnest M. Roseberry II
 (ADDRESS) Neosho Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Neosho I.O.O.F. DATE 10-14 '38

19. FUNERAL DIRECTOR (NAME) Corley Thompson
 (ADDRESS) Neosho Missouri

20. FILED 10-18 1938 Anala Sakmal
 Or Local Registrar. 543

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 19____

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____
 I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Stiebers
 Date of onset _____
 Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) [Signature], M. D.
 (Address) Neosho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

Barley Thompson

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Barley 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, above space should be left blank.