DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43384

Registration District No. 318 | Primary Registration District No. 2001 | Registrar's No. 914

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1403 W. High
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days): In this community: 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Springfield, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No.: 1403 W. High
(If rural, give location)

(e) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT FULL NAME: Nelle J. Rodden 350

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Ermine

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: November (Month) 19 (Day) 1891 (Year)

8. AGE: Years: 48 Months: no Days: 27 If less than one day: X hr. X min.

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

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: John Greer
13. Birthplace: Webster County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Alice Jamerson
15. Birthplace: Webster County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature: Ermine Rodden
(b) Address: Springfield, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 19 1939 (Month) (Day) (Year)
(c) Place: burial or cremation: Mission Home

18. (a) Signature of funeral director: Lee Tarney
(b) Address: Marshfield, Missouri

19. (a) 12/19/39 (Date received by local registrar) (b) Chas. A. Berge M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16 year 1939 hour 11:00 P.M. minute M.

21. I hereby certify that I attended the deceased from 6-28-39, 19, to 12-16-39, 19; that I last saw her alive on 12-16-39, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma Left Lung (primary) — Duration: 6 mo?
Pleural Effusion — 6 mo?

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:

Of autopsy:

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):
(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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: E. Schimpan M.D. (M. D. or other)
Address: Springfield, Mo. Date signed 12-16-39

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.

(Licensed Embalmer's Statement on Reverse Side)

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 ——— X — X — ———, Registered Apprentice No. X X working under my personal supervision.

Signed Rex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, Mo

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

If this body is not embalmed, above space should be left blank.