

FILE MAY 17 1940

Registration District No. 1039

Primary Registration District No. 5010

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Adair Missouri  
(b) City or town Stahl, Mo. Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3 1/2 m. north 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 43 years  
years, months or days)

3. (a) PRINT FULL NAME MARGARET-AMANDA-Rosebery

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jasper F. Rosebery 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Sept 7 1868  
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Martinstown Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farm

12. Name Alex. J. Collins

13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Huff

15. Birthplace Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Dalton C. Rosebery

(b) Address Stahl, Mo.

17. (a) Burial (b) Date thereof April 25, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lone Pine Cemetery

18. (a) Signature of funeral director Glenn E. Keatman

(b) Address Green City, Mo.

19. (a) Apr. 26/40 (b) Spencer L. Freeman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair  
(c) City or town Stahl Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3 1/2 m. north  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 23  
year 1940 hour 9 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan. 1 - 1940  
\_\_\_\_\_ 19\_\_\_\_ to 4 - 23 1940

that I last saw her alive on 4 - 1 - 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 46  
(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? \_\_\_\_\_

3 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature P R Boies (M. D. or other) \_\_\_\_\_

Address Birkaville Mo Date signed 4-25-40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 5-40-1083

Date Filed MAY 16 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~name of~~

Archie W. Wade

, Registered Embalmer  
~~Apprentice No.~~

working under my personal supervision.

Signed Glenn E. Kent

Licensed Embalmer No. 1769

P. O. Address Green City 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.