

FILED JAN 20 1942

Registration District No. 2

Primary Registration District No. 206

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Whiteville
(c) Name of hospital or institution: _____
(d) Length of stay: In hospital or institution _____
In this community 54 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Whiteville
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Alice Louise Rodecker

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 married

6. (b) Name of husband or wife Wilber Rodecker 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 17 - 1887

8. AGE: Years 54 Months 5 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Andrew County Ohio

10. Usual occupation at home

11. Industry or business _____

12. Name John L. Manning

13. Birthplace Jones Burrod Town

14. Maiden name Rutha Holcomb

15. Birthplace in Knorr Carolina

16. (a) Informant Albert Rodecker

(b) Address Whiteville mo

17. (a) B. (b) Date thereof 12-24-41

(c) Place: burial or cremation Whiteville

18. (a) Signature of funeral director E. Breit

(b) Address Savannah mo

19. (a) Dec 24-1941 (b) Mrs E.C. Jefferies

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22 year 1941 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from Dec 15 1941 to Dec 22 1941

that I last saw her alive on Dec 21 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Fibrosis of Lungs
Due to Pulmonary Tuberculosis

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Major findings: Of operations _____

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

23. Signature Walter Meyer (M. D. or other) _____

Address St. Louis Date signed Dec 27 1941

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

RECEIVED

District Health Officer No. 10

District File Number.....

Date Filed

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..... *E. C. Breit*

Licensed Embalmer No. *2650*

P. O. Address *Savannah 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.