

FILED JAN 30 1942

Registration District No. 89-92

Primary Registration District No. 5131-5137

Registrar's No. 493

1. PLACE OF DEATH:

(a) County New Madrid Butler
(b) City or town Fagus
(c) Name of hospital or institution: Home
(d) Length of stay: In hospital or institution _____
In this community one year

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid
(c) City or town Portageville, Mo
(d) Street No. _____
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROSIE LEE TATE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Andrew Tate 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased August 8 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Henderson Co. / Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Price

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

14. Maiden name Mary Jane Jones

15. Birthplace Unknown / Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew Tate

(b) Address Portageville, Mo.

17. (a) Burial (b) Date thereof 12/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director H. S. Smith

(b) Address Portageville, Mo.

19. (a) 1-5-42 (b) Belle Hume
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
year 1941 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from Just saw her
Nov. 1941 but no opportunity to treat
that I saw h. alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Chronic cough and marked emaciation

Of autopsy No

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 A. A. Reider (M. D. or other) _____

Address Portageville, Mo. Date signed 12/21/41

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

1200

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 142-135-

Date Filed 1-27-42 c

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{not} by me, ~~or by~~.....

Body was not embalmed......, Registered Apprentice No.....
working under my personal supervision.

Signed James A. Osburn.....
Licensed Embalmer No. 4185
P. O. Address Baruthersville, 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.