

DEC JUN 13 1939

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

18405  
Do not use this space.

1. PLACE OF DEATH  
(a) County Polk Registration District No. 197  
(b) Township Gallatin Primary Registration District No. 5276  
(c) City Linden MO (d) Street No. Linden 200 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 Rosie Lee Hearing  
(a) Residence, No. Linden 200 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 FE 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mortimer Hearing  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 1865  
7. AGE YEARS 75 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife  
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 1  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind  
13. NAME Wood  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind  
15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind  
17. INFORMANT (ADDRESS) Mortimer Hearing Linden MO  
18. BURIAL, CREMATION, OR REMOVAL PLACE Unsettled DATE May 31 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rose Henderson  
20. FILED 530 19 39 Viola C. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1939  
22. I HEREBY CERTIFY, That I attended deceased from Nov 38, 1938, to May 29, 1939  
I last saw her alive on 5-28-39 Death is said to have occurred on the date stated above, at 3:30 p.  
The principal cause of death and related causes of importance were as follows:  
metastatic cancer from left mammary gland. General Systemic.  
Date of onset 50  
Other contributory causes of importance:  
Some 5 yr duration. Pt broke up around at that time  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? yes Was there an autopsy? no  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? V (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? no  
If so, specify \_\_\_\_\_  
(Signed) Bruce R. Wade, M. D.  
(Address) North 7th St. City MO

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.

Dr Hodge

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**