WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

10

NOV 22 1939

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

35763
Do not use this space.

1. PLACE OF DEATH
(a) County Cass 2 Registration District No. 159
(b) Township Polk Primary Registration District No. 5224 Registered No. 7
(c) City / (d) Street No. 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 Carmen Roush
(a) Residence, No. 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 Female
4. COLOR OR RACE White
5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (write the word) Married
5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Earl Roush
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14 - 1891
7. AGE YEARS 47 MONTHS 11 DAYS 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenwood, Mo

FATHER
13. NAME Robert F. Hoover
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Mary E. Farm
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Mo

17. INFORMANT (ADDRESS) Earl Roush Pleasant Hill, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Hill DATE 10-4 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. A. Nossinger Pleasant Hill, Mo
20. FILED 11/1 1939 W Beckman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1939, to Sept 30, 1939
I last saw her alive on Sept 30, 1939. Death is said to have occurred on the date stated above, at 4:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushing of chest and lower limbs c̄ internal hemorrhage	9/30/39

Other contributory causes of importance:

205 G

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9/30, 1939
Where did injury occur? Cass county
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
at home - in barn lot
Manner of injury Run over by tractor
Nature of injury crushing of chest + lower limb + abdomen

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) C W Harding, M. D.
150 (Address) Pleasant Hill, Mo

(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, D. A. Nofsinger, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed D. A. Nofsinger

Licensed Embalmer No. 3938

P. O. Address Pleasant Hill, M

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.