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.

15

NOV 7 1939

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

36671
Do not use this space.

1. PLACE OF DEATH
(a) County Mercer 3 Registration District No. 556
(b) Township Ravanna 1 Primary Registration District No. 5751 Registered No. 50
(c) City Ravanna (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 Naomi Anita Rouse
(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 Fe
4. COLOR OR RACE w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C Rouse
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 1858
7. AGE YEARS 81 MONTHS 3 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terrahaut Ind

FATHER
13. NAME Jacob W. Homes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Ruth Richardson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zanesville Ohio

17. INFORMANT (ADDRESS) Clyde Rouse Princeton
18. BURIAL, CREMATION, OR REMOVAL PLACE Ravanna Cem DATE 10-28, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Martin Funeral Home R. Princeton
20. FILED 10-27, 1939 J M Perry Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jany 1, 1934 to Oct 26, 1939
I last saw her alive on Oct 26, 1939 Death is said to have occurred on the date stated above, at 9.30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	4/1-39
131	
Other contributory causes of importance: Chronic Interstitial nephritis - Dropsy	1934 4/3-39

Name of operation none Date of .....
What test confirmed diagnosis? Ship & Sab Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (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
Hoo, specify .....
(Signed) J M Perry, M. D.
10/27 (Address) Princeton MO

Licensed Embalmer's Statement on Reverse Side)

[illegible]

[illegible] Officer No. [illegible]

[illegible] Number 1139-1412

Date Filed NOV 3 1939

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, H. Ivan Martin, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed H. Ivan Martin

Licensed Embalmer No. 3760

P. O. Address Princeton 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.