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K23159

FILED FEB 18 1941

Registration District No. 849

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6123

4628

State File No. \_\_\_\_\_

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Rural--Buchanan Twp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: XXX  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community About 37 yrs.  
years, months or days)

3. (a) PRINT FULL NAME Mary Elizabeth Rouse

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 Bernie Rouse 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased April 1 1902  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	38	9	23	hr. min.

9. Birthplace Sullivan Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Henry Sterling

13. Birthplace Mo. A  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Caldwell

15. Birthplace Mo. O  
(City, town, or county) (State or foreign country)

16. (a) Informant Bernie Rouse

(b) Address High Hill City Mo

17. (a) Burial (b) Date thereof Jan. 25, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burnett Cem.

18. (a) Signature of funeral director Glenn E. Kent & Son  
(b) Address Green City, Missouri

19. (a) Jan 28-41 (b) Virginia Gibson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan <sup>105</sup>

(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL") O

(d) Street No. Rural (If rural, give location) O

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24  
year 1941 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan 21, 1941, to Jan 24, 1941; that I last saw her alive on Jan 24, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia of both lungs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 105  
(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? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature M. Harrington M.D. (M. D. or other) O

Address High Hill City Mo Date signed 2/24/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 2-41-211

Date Filed FEB 7 1941

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 Archis W. Wade

Licensed Embalmer No. 3037

P. O. Address: Greensboro, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.