

FILED DEC 11 1941

Registration District No. **221**

Primary Registration District No. **4558**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **SCOTT**  
(b) City or town **SIKESTON**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **SIKESTON GENERAL HOSPITAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **10 DAYS 0** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **LAWRENCE**  
(c) City or town **MARIONVILLE**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **OLD FOLKS HOME**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **ROSE ELIZABETH BARRY**

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

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**  
6. (b) Name of husband or wife **NONE** 6. (c) Age of husband or wife if alive **0** years  
7. Birth date of deceased **MAY 20, 1863**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **6** Days **1** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **MISSISSIPPI COUNTY, MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED SCHOOL TEACHER**

11. Industry or business **SCHOOL**

12. Name **WILLIAM BARRY**

13. Birthplace **N.K. GEORGIA**  
(City, town, or county) (State or foreign country)

14. Maiden name **ELIZABETH CALLOWAY**

15. Birthplace **N.K. GEORGIA**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS A. J. SHERWOOD,**  
(b) Address **DEXTER, MISSOURI**

17. (a) **BURIAL** (b) Date thereof **11-23-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **LORE CHARLESTON, Mo**  
18. (a) Signature of funeral director **John F. Hummel**  
(b) Address **CHARLESTON, MO**

19. (a) **12-1-41** (b) **THE Registrar**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOVEMBER** day **21<sup>ST</sup>**  
year **1941** hour **1** minute **55 AM**

21. I hereby certify that I attended the deceased from **Nov. 10**  
**1941** to **Nov. 21** 19**41**;  
that I last saw **her** alive on **Nov. 20** 19**41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**  
Due to **Hypertension**

Other conditions (Include pregnancy within 3 months of death) **yes**

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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) (e) Means of injury **0**  
23. Signature **J. W. Hummel** (M. D. number) \_\_\_\_\_  
Address **Sikeston Mo** Date signed \_\_\_\_\_

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

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NOV 24 1947

**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: *John P. Rimmer Jr*  
Licensed Embalmer No. *3851*  
P. O. Address *Charleston, W. Va.*

**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.