

FILED SEP 17 1942

Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **196**

1. PLACE OF DEATH:

(a) County **Mexion**  
(b) City or town **Harrison**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Elizabeth Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **100 days** (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Mexion**  
(c) City or town **R.F.D. E 14, MO**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

**Lorraine Rose**

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 **FRANK** 6. (c) Age of husband or wife if alive **46** years  
7. Birth date of deceased **April 14, 1907**  
(Month) (Day) (Year)

8. AGE: Years **35** Months **4** Days **2** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Fred Todd**  
13. Birthplace **MO**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Myrtle William**  
15. Birthplace **MO**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank Rose**  
(b) Address **R.F.D. Ely, MO**

17. (a) **Burial** (b) Date thereof **Aug-1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mayble Creek**

18. (a) Signature of funeral director **James O'Donnel**  
(b) Address **Harrison, MO**

19. (a) **8-20-42** (b) **R. W. Connor**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **16** year **1942** hour \_\_\_\_\_ minute **11:20** A.M.

21. I hereby certify that I attended the deceased from **Aug-9** 19**42** to **Aug-16** 19**42**  
that I last saw her **alive** on **Aug 16** and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**

Due to **Pelvic Abscess**

Due to **Enter appendix or, Tube.**

Other conditions \_\_\_\_\_ (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) (e) Means of injury \_\_\_\_\_

23. Signature **[Signature]** (M. D. or other) \_\_\_\_\_  
Address **[Address]** Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

64  
430

**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.....  
*Michael J. O'Connell*

Licensed Embalmer No. *3246*

P. O. Address.....  
*Hannibal - 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, fact should be so stated above.**