S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

33860

State File No.

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 37

1. PLACE OF DEATH:

(a) County Howard,

(b) City or town Fayette,
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Howard, 45 1

(c) City or town Fayette, Mo 1
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs Nancy Rose.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced 3 Widowed,

6. (b) Name of husband or wife John Rose,

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

7. Birth date of deceased March 25th 1859
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
83	7	6	hr. min.

9. Birthplace Kentucky, 1
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Solomen Robertson,
13. Birthplace Indiana, 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Wilson,
15. Birthplace Kentucky, 1
(City, town, or county) (State or foreign country)

16. (a) Informant Chit Robertson,
(b) Address Fayette, mo.

17. (a) Burial (b) Date thereof 11-3rd 194
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Ridge,

18. (a) Signature of funeral director Guy T. Halley.
(b) Address Fayette, Mo.

19. (a) 11-5-42 (b) Thomas B. Denny
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1
year 1942 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from 10-23, 1942, to 11-1, 1942, that I last saw her alive on 10-28, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	
Chronic	about 6 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93d	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature O. L. Coffman (M. D. or other) MD
Address Fayette Mo. Date signed 11-2-42

1-224 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 11-14-42

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 Guy T. Hadley

Licensed Embalmer No. 2966

P. O. Address Fayette 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.