

LED APR 14 1943

Registration District No. 7

Primary Registration District No. 3000

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
514 W. Walker
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Most of Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirkville
(If outside city or town limits, write "RURAL")
(d) Street No. 514 W. Walker
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Sidney Ellen Roush

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased June 16 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 8 12 hr. _____ min.

9. Birthplace Exline Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Adams
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Jane Brothers
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Wheeler

(b) Address Kirkville, Mo.

17. (a) Burial (b) Date thereof 3-2-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jewell Cemetery

18. (a) Signature of funeral director DEE Riley

(b) Address Kirkville, Mo.

19. (a) 3/6/43 (b) Mrs. J. Warner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
year 1943 hour 12:45 minute P. M.

21. I hereby certify that I attended the deceased from Nov 10 42 to Feb 27 43
that I last saw her alive on Feb 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 da

Due to hypertension

Due to _____

Other conditions Chr myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none

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 _____

23. Signature A. F. Miller (M. D. or other)

Address Kirkville, Mo. Date signed 3-5-43

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

RECEIVED
District Health Officer No. 10
District File Number 4-42-729
Date Filed MAR 13 1943

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

Dee Riley

Licensed Embalmer No. 4181

P. O. Address. Kirtville 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.