

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: 829 W. Madison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 43 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(d) Street No. 829 W. Madison
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME Anna B. Rose

3. (b) If veteran, name war None 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 George Rose 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased January 1, 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 2 Days 5
If less than one day hr. min.

9. Birthplace Pulaski County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In Home

MOTHER FATHER { 12. Name Tom Beasley
13. Birthplace Unknown Indiana
14. Maiden name Minerva Ball
15. Birthplace Wade County, Ohio

16. (a) Informant Mr. Ervan Rose
(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof March 9, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookline, Missouri

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 3-9-43 (b) D. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th
year 1943 hour 8:12 minute P.M.

21. I hereby certify that I attended the deceased from Dec. 1 to March 6-43
that I last saw her alive on 3-6-43
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Pyelonephritis

Due to Bilateral Uterostomy

& Enterostomy

Due to Vesical Papilloma 2 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Urinary bladder filled with papilloma

Of autopsy 330

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) (b) Means of injury

23. Signature E. C. ... (M.D. or other)

Address 432 E. ... Date signed 3-8

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

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.....

Lewis E. Scherff

Licensed Embalmer No. *3882*

P. O. Address.....

Springfield, 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.

X