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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18398

MAY 20 1943

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 91

64
3
4

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

Murphy

1. PLACE OF DEATH:

(a) County Marion

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64 3

(c) City or town Hannibal 4
(If outside city or town limits, write "RURAL")

(d) Street No. 815 Lindell
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Perry Andrew Rouse

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

4. Sex Male 5. Color or race O White 6. (a) Single, widowed, married, divorced / Married

6. (b) Name of husband or wife Lula Rouse 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased August 14, 1867 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	7	14	hr. min.

9. Birthplace Florence, Boone County Kentucky / (City, town, or county) (State or foreign country)

10. Usual occupation Stone Mason

11. Industry or business Retired

FATHER
12. Name Wm. Columbus Rouse
13. Birthplace Kentucky / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Frances Floyd
15. Birthplace Kentucky / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. Gilbert
(b) Address 1100 Valley

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director Wm. M. Smith
(b) Address 902 Broadway Hannibal Missouri

19. (a) 3-30-43 (Date received local registrar) (b) R W Connor (Registrar's signature)

1146

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28 year 1943 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb. 26, 1943, to March 28, 1943, that I last saw him alive on March 28, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiovascular renal disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 131a	
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 O

23. Signature B. L. Murphy (M. D. ~~or other~~)
Address Hannibal - Mo Date signed 3-30-43

(Licensed Embalmer's Statement on Reverse Side)

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 George T. Bond, Registered Apprentice No. 350, working under my personal supervision.

Signed Wm. M. Smith

Licensed Embalmer No. 1204

P. O. Address Hannibal Missouri

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.