

SEP 4 1943
Registration District No. 130

Primary Registration District No. 52463A

State File No.

Registrar's No. 19

1. PLACE OF DEATH:

(a) County. Green
(b) City or town. Shofford Rural #1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 years
(Specify whether years, months or days)
In this community 35 years

3. (a) PRINT FULL NAME ROSE ANNIE COUSE

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Willie Couse 6. (c) Age of husband or wife alive 63 years
7. Birth date of deceased May 7 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>3</u>	<u>8</u>	hr. min.

9. Birthplace Green county Mo
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name John West
13. Birthplace unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Lozzer Mitchell
15. Birthplace unknown to state
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Willie Couse

(b) Address R.R.#1 Shofford

17. (a) burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Shofford

18. (a) Signature of funeral director A.C. Haines

(b) Address 1150 Booneville

19. (a) 8/16/43 (b) Earland Harrison
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Green
(c) City or town Shofford
(If outside city or town limits, write "RURAL")
(d) Street No. Shofford R.R.#1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1943 hour 2 minute 0 A.M.

21. I hereby certify that I attended the deceased from 1940 19 July 23 19 43
that I last saw her alive on July 23 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Regeneration Duration 3 years

Due to arterial Sclerosis ?
Due to Nephritis ?

Other conditions (include pregnancy within 3 months of death) 13/a

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?

While at work? (Specify type of place) (Specify means of injury)

23. Signature R.A. Felt (M. D. or other) MD.
Address Shofford Mo Date signed 8/17/43

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

MOTHER FATHER

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 Fred C. Shien

Licensed Embalmer No. 2899

P. O. Address 1100 Bonaville Springs

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.