

FILED OCT 19 1944

Registration District No. 104

Primary Registration District No. 4176

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Malden
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(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 Dunklin 35
(c) City or town Malden 3
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Hansford S. Rouse

3. (b) If veteran, World #1 No 494-05-0503 (c) Social Security No. _____

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Oct. 10 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	11	12	hr. min.

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

10. Usual occupation Auto Dealer and

11. Industry or business Veterinarian

MOTHER FATHER { 12. Name A. B. Rouse
13. Birthplace Henderson Ky.
14. Maiden name Mattie Thompson
15. Birthplace Charleston Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Rouse
(b) Address Malden, Mo.

17. (a) Burial (b) Date thereof Sep. 25-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Malden, Mo.

18. (a) Signature of funeral director W. R. Craig
(b) Address Malden Mo

19. (a) 9-24-44 (b) W. D. Elders
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23
year 1944 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from March 22
1944 to Sept 23 1944
that I last saw him alive on Sept 23 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Duration 7 hrs

Due to Sclerosis of the Coronary Arteries
Due to _____ 3 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94a
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) (e) Means of injury _____

23. Signature S. E. Mitchell (M. D. or other) M.D.
Address Malden Mo Date signed 9/24/44

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

531

1028

RECEIVED

District Health Office No. 2,

District File Number 1044-1265

Date Filed 10-12-44

NOV 3 1944

DEC 1 1944

FEB 5 1945

DEC 1 1944

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..... *W. R. Craig*

Licensed Embalmer No. 4302

P.O. Address Malden 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.