

FILED DEC 11 1944

Registration District No. ....

Primary Registration District No. 4083

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Bozard, mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home in Bozard  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Carroll 17  
(c) City or town Bozard 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emmaline Caledine ROSE

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

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 Dec 18 1858  
(Month) (Day) (Year)

8. AGE: Years 85 Months 11 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lucas, Tanawha Carroll Co mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Mary or Shirley  
13. Birthplace Tennessee (City, town, or county) (State or foreign country)  
14. Maiden name Smith  
15. Birthplace Mississippi (City, town, or county) (State or foreign country)

16. (a) Informant Miss Ethel Rose

(b) Address Bozard mo

17. (a) burial (b) Date thereof 11-28-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Smith Cem.

18. (a) Signature of funeral director E. A. Dukem  
(b) Address Bozard mo

19. (a) 11-28-44 (b) Miss James Rafferty  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27  
year 44 hour 11:30 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov. 26 to Nov. 27 1944  
that I last saw her alive on Nov 27 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death fatal drowning Duration 5 yrs.

Due to Insufficient of old age.  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations gastr  
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 \_\_\_\_\_

23. Signature J. H. Stetson M. D. or other \_\_\_\_\_  
Address Bozard mo Date signed Nov 27

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

700

1203

FH

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-8-47

NOV 25 1947

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 E. A. DeKorser

Licensed Embalmer No. 2534

P. O. Address Bayport, Me

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.