

FILED AUG 14 1945
134

Registration District No. _____

Primary Registration District No. 4208

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Cainsville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location) no

(d) Length of stay: In hospital or institution no
(Specify whether) _____
In this community all her life
years, months or days)

3. (a) PRINT FULL NAME Rosie Booth

3. (b) If veteran, name war no 3. (c) Social Security No. 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 Oct. 8, 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Dan Hart
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Clemonds
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Earl Squires
(b) Address Cainsville, Mo.

17. (a) Burial (b) Date thereof June 22, 1945
(Method, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Paul Mass

(b) Address Funeral Home

19. (a) June 21-45 (b) S. Pha Shaw
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 41
(c) City or town Cainsville, Mo.
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1945 hour 2 minute 35 M.

21. I hereby certify that I attended the deceased from June 14 1945 to June 19 1945,
that I last saw her alive on June 19 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Indurated Bronchitis

Due to _____

Due to _____

Other conditions (Includes pregnancy within 3 months of death) _____

Major findings: Of operations 13/0
Of autopsy _____

Duration

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 _____
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) _____
(c) Means of injury: _____

23. Signature D. S. Sull (M. D. or other) _____
Address Cainsville Mo Date signed June 20 45

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 2634

P. O. Address Princeton 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.