

S. No. 2  
FORM-2-43  
Rev. 5-17-39  
I X35697

17746

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Registration District No. 291 Primary Registration District No. 5987 State File No. \_\_\_\_\_ Registrar's No. 26

1. PLACE OF DEATH:  
(a) County Putnam  
(b) City or town Rural Elm  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Worthington  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 70 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Putnam  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Worthington, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bessie Rouse  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M ( ) 5. Color or race W  
6. (a) Single, widowed, married, divorced S  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 27 1872  
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 6 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ind.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Relieve  
11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Rouse  
13. Birthplace Ind.  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Lambert  
15. Birthplace Ind.  
(City, town, or county) (State or foreign country)  
16. (a) Informant Clarence Rouse  
(b) Address Worthington, Mo.  
17. (a) Burial (b) Date thereof 4-5-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Pleasant Home  
18. (a) Signature of funeral director Ed. Mastel  
(b) Address Unionville, Mo.  
19. (a) 4-10-46 (b) Marcell Durbin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 3rd  
year 1946 hour 5 minute 05 P.M.  
21. I hereby certify that I attended the deceased from last to first  
time April 3, 1946 to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him alive on April 3 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cerebral Hemorrhage  
from history given at  
Due to had attack at 3 A.M.  
April 3, 1946  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy 130  
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) (a) Means of injury \_\_\_\_\_  
23. Signature Edwin O. Adams M. D. or other) \_\_\_\_\_  
Address Worthington Hospital Date signed 4-7-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
16626

266 (Licensed Embalmer's Statement on Reverse Side) Worthington, Mo

RECEIVED

District Health Officer No. 10

District File Number 5-46-941

Date Filed MAY 23 1946

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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.....

*F. O. Husted*

Licensed Embalmer No.....

*2975*

P. O. Address.....

*Unionville 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.**