

FILED JUN 28 1946
20

Registration District No. _____

Primary Registration District No. 40 31

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Adrian
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 73 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Adrian
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rosalie Duffey

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Robert Henry Duffey 6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Sept. 7 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 9 9 _____ hr. _____ min.

9. Birthplace Madison Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name John W. Crowder
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Hammond
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Chitwood.

(b) Address Adrian Mo.

17. (a) Burial (b) Date thereof 6-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crescent Hill Cem.

18. (a) Signature of funeral director Leath & Sirif

(b) Address Adrian Mo.

19. (a) 6-18-46 (b) Myra Owens
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1946 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from March 2, 1946, to June 9, 1946;
that I last saw her alive on June 9, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to arteriosclerosis
Due to Coronary - Pulm - Vascular insuff.

Duration
1 hour
1 yr.

Other conditions (Include pregnancy within 3 months of death)

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? _____
(Specify type of place)
While at work? _____ (e) Means of injury 2

23. Signature D. S. Colson (M. D. or other) do.
Address Adrian Mo Date signed 6-17-46

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

73

1869

16

RECEIVED

District Officer No. 7,
District No. Member 5-46-639
Date Filed 6-26-46

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..... *Adrian Mu*

Licensed Embalmer No. 3650

P. O. Address Adrian Mu

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.