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DEPARTMENT OF COMMERCE  
BUREAU OF THE CONSUL  
**FILED DEC 16 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36814**

Registration District No. **382**

Primary Registration District No. **4228**

Registrar's No. **42**

1. PLACE OF DEATH:

(a) County **Howard**

(b) City or town **Glasgow**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community **40 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Howard** <sup>45</sup>

(c) City or town **Glasgow** <sup>2</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) <sup>0</sup>

(e) Citizen of foreign country? **No.** (Yes or No) <sup>0</sup>

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Louisa Rose**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **5**  
year **1946** hour **11-40** minute **AM**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Frank A. Rose**

6. (c) Age of husband or wife if alive **80** years

7. Birth date of deceased: **AUG 23 1866**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct-2** 1946 to **Oct-5** 1946  
that I last saw her alive on **Oct-5** 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years **80** Months **12** Days **13**  
If less than one day \_\_\_\_\_

9. Birthplace **New Baden Illinois**  
(City, town, or county) (State or foreign country)

Immediate cause of death **Cerebral apoplexy**

Duration \_\_\_\_\_

10. Usual occupation **Housewife**

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

12. Name **Peter Yung**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Katherine Traut**

15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

Due to **Her 3rd stroke in**

Due to **5-26 years**

Other conditions **Age**  
(Include pregnancy within 3 months of death)

16. (a) Informant **Mr. F. A. Rose**

(b) Address **Glasgow Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 7, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Glasgow, Mo.**

18. (a) Signature of funeral director **Audley Fremont**

(b) Address **Glasgow, Mo.**

19. (a) **10/8/46** (b) **Joe King**  
(Date received local registrar) (Registrar's signature)

Major findings: **None**

Of operations **None**

Of autopsy **none**

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) (or) Means of injury \_\_\_\_\_

23. Signature **W. B. Kitcher** (M. D. or other)

Address **Glasgow Mo.** Date signed **10/7/46**

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

MOTHER FATHER

124

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-14-46

FEB 28 1950

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 EW Fremont

Licensed Embalmer No. 3978

P. O. Address Glasgow 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.