. S. No. 2
0M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30176

Registration District No. 372 Primary Registration District No. 6267 Registrar's No. 49

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Rural - Jackson township
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution x (Specify whether
In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Jackson township
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Diana Jane Rost

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, 2 divorced widowed

6. (b) Name of husband or wife Joel C. Rost

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

7. Birth date of deceased November - 27 - 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	8	8	x hr. x min.

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

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Allen Graves
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rachael Pierson
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lawrence Haymes (dau.)
(b) Address Marshfield, Mo.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 8-7-'47
(Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ St. Luke

18. (a) Signature of funeral director Lex Lamey
(b) Address Marshfield, Mo.

19. (a) 1/5/47 (Date received local registrar) (b) J. Frazier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5
year 1947 hour 10 minute 15 p.M.

21. I hereby certify that I attended the deceased from June 2, 1947 to Aug 4, 1947
that I last saw her alive on June 10, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis
Due to Cerebral
Due to Hemorrhage
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
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
(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 E. M. Bailey M.D. (M. D. or other)
Address Elbeard Mo. Date signed 7-4-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 947-863
Date Filed SEP 9 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 Rex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.