

FILED DEC 3 1948

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 339

1. PLACE OF DEATH:  
(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Bothwell Memorial Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 Days (Specify whether  
In this community Most of Life (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME ROSE IRENE FURNELL  
(b) If veteran, name war No  
(c) Social Security No. None

4. Sex F. / 5. Color or race W.  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife LeRoy  
(c) Age of husband or wife if alive 45 years  
7. Birth date of deceased May 9, 1910  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
38 6 12 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER  
12. Name J. B. Stephenson  
13. Birthplace Shelby County  
(City, town, or county) (State or foreign country)  
14. Maiden name Jennie B. Armstrong  
15. Birthplace Clark County  
(City, town, or county) (State or foreign country)

16. (a) Informant LeRoy Furnell  
(b) Address 600 N. Prospect, Sedalia, Missouri  
17. (a) Burial (b) Date thereof 11-24-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director DW Teckart  
(b) Address 903 S. Ohio, Sedalia, Missouri

19. (a) 11-23-48 (b) Betty Yeager  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 600 North Prospect  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 21  
year 1948 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 10th 1948 to Nov 21st 1948  
that I last saw him alive on Nov 21st 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis  
Duration 10 days  
Due to More arthritis with  
of long standing trouble  
Due to typhoid fever, long standing  
and chronic myeloma  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations 935  
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?

23. Signature J. P. Campbell (M. D. or other)  
Address Sedalia, Mo. Date signed 11-22-48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-2-48

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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 Frank S. Coffman Jr.

Licensed Embalmer No. 4559

P. O. Address Sedalia, 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.