

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15136

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 173

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission, give name of institution) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mo. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1116 North Fountain</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CANNA</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>ROSE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 24 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec 9 1885</u>
9. AGE (In years last birthday) <u>63</u>		10. IF UNDER 1 YEAR Months <u>5</u> Days <u>15</u>	
11. BIRTHPLACE (State or foreign country) <u>Scopes mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>H.L. Robinson</u>		13b. MOTHER'S MAIDEN NAME <u>Marada Estes</u>	
14. NAME OF HUSBAND OR WIFE <u>Jesse R. Rose</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> NO	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Albert O Smith</u> ADDRESS <u>Cape Girardeau</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Chronic Head Injuries</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Head Injuries</u>	
II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>89340</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1116 N. Fountain</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cape Girardeau Cape Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-21-1949 7P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Fernado</u>		21g. <u>115</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:40</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>G. R. Dwyer 3 Coron</u>		23b. ADDRESS <u>Cape Girardeau Mo</u>	
23c. DATE SIGNED <u>5/24/49</u>		24. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	
24a. DATE <u>5/27/49</u>		24b. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
24c. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>		24d. _____	
DATE REC'D BY LOCAL REG. <u>5-29-49</u>		REGISTRAR'S SIGNATURE <u>C. G. Summers</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Joe R. Howell</u>		ADDRESS <u>Cape Girardeau Mo</u>	

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

Health Officer No. 4
File Number 649-2
Filed 6-6-49

JUN 28 1949

RECEIVED

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed W. H. Estes

Signed _____
Student Embalmer

Licensed Embalmer No. 3568

P. O. Address Poplar Hill

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.