

FILED MAR 3 1952

STANDARD CERTIFICATE OF DEATH

State File No. 5768

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 43 20 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Palmyra		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Palmyra 0640	
c. LENGTH OF STAY (In this place) 21 Mos.		d. STREET ADDRESS (If rural, give location) W. New St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1305 Appletree St.			

3. NAME OF DECEASED (Type or Print) a. (First) Annie		b. (Middle) Elizabeth		c. (Last) Rose		4. DATE OF DEATH (Month) (Day) (Year) Feb. 12 1952	
---	--	-----------------------	--	----------------	--	---	--

5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH 9 March 1869		9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
---------------	--	------------------------	--	---	--	-------------------------------	--	------------------------------------	--	-----------------------------	--	-----------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
--	--	-----------------------------------	--	---	--	-------------------------------------	--

13a. FATHER'S NAME Daniel Bowman		13b. MOTHER'S MAIDEN NAME Sidney		14. NAME OF HUSBAND OR WIFE Addison Rose	
-------------------------------------	--	-------------------------------------	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs. Eddie Frederick		ADDRESS Palmyra, Mo.	
--	--	-------------------------------	--	---	--	-------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 1 Day	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Central hemorrhage					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) arteriosclerosis Scurvy			
				DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
------------------------	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
--	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from Jan, 1952, to 28 Jan, 1952, that I last saw the deceased alive on Jan 28, 1952, and that death occurred at 11 P. m., from the causes and on the date stated above.

23a. SIGNATURE Wyatt Hamlin M.D. (Degree or title)		23b. ADDRESS Palmyra Mo		23c. DATE SIGNED 15 Feb 1952	
--	--	-------------------------	--	------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 14 Feb. 1952		24c. NAME OF CEMETERY OR CREMATORY Palmyra, Cemetery		24d. LOCATION (City, town, or county) (State) Palmyra Mo.	
--	--	------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. 2/14/52		REGISTRAR'S SIGNATURE Dr. E. M. Luch 189		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
----------------------------------	--	--	--	----------------------------------	--	---------	--

by Dale Sew, (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 27 1952
MARION CO. HEALTH DEPT.
DATE FILED MAR 5 1952

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 J

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed Leff B. Hewitt

Licensed Embalmer No. 7382

P. O. Address Salmon, Ore

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.