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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41161

State File No.

Registrar's No. 198

Registration District No. 11

Primary Registration District No. 3012

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Richmond, Mo.
(If outside city or town limits, give "RURAL" and name of township)
(c) Name of hospital or institution St. Joseph's Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Richmond, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 309 East Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Capitola Rose

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W. C. Rose 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased 13 1860
(Month) (Day) (Year)

8. AGE: Years 89 Months 9 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Wm. Sam Cook

(b) Address Richmond, Mo.

17. (a) Removal (b) Date thereof 12/15/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director Frank A. F. H.

(b) Address Richmond, Mo.

19. (a) 12/15/47 (b) Caroline Hutchings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15 year 1947 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from Dec 11, 1947 to Dec 15, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Due to Strangulated Hernia

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (e) Means of injury

23. Signature Dr. E. Q. Reran (Physician)

Address Richmond, Mo. Date signed 12/15/47

Duration

3 days

4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-5-48

SEP 27 1949

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 Louis Gust

Licensed Embalmer No. 4096

P. O. Address Richmond, Va.

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.