REC'D MAR 21 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7572
Do not use this space.

1. PLACE OF DEATH
(a) County Ralls. Registration District No. 930
(b) Township Saline Primary Registration District No. 5962 Registered No.
(c) City / (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ada Elizabeth Rouse.
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jackson W. Rouse
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby 20th 1867
7. AGE YEARS 71 MONTHS 11 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co Missouri

FATHER
13. NAME William Bysand.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER
15. MAIDEN NAME Leah Rosetta Crain
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

17. INFORMANT (ADDRESS) Mrs Leland Gulick Monroe City, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE St Judes Cemetery DATE Feby. 19th 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wilson & Son Monroe City, Mo.
20. FILED Feb 20 1939 J. E. Floyd Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 16th 1939
22. I HEREBY CERTIFY That I attended deceased from June 1935 to Feb 16 1939
I last saw her alive on Feb 16 1939 Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-16 1939
Other contributory causes of importance: Chronic Nephritis	1930

Name of operation None Date of
What test confirmed diagnosis? Physical Findings Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John H Hibbs, M. D.
(Address) Monroe City Mo

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 10
District File Number 10-39-397
Date Filed MAR 8 1939

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 O. W. Wilson

Licensed Embalmer No. 1696

P. O. Address Monroe City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.