

REC'D AUG 18 1939

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

26219
Do not use this space.

1. PLACE OF DEATH

(a) County Marion. Registration District No. 547
(b) Township Masson Primary Registration District No. 3019
(c) City Hannibal, (d) Street No. In Elizabeth Hospital Registered No. 201
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 200 Cora Lee Rouse.

(a) Residence, No. Perry, Missouri 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 29 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Steve Rouse.

22. I HEREBY CERTIFY That I attended deceased from May 2 1939, to 6. 29 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 1, 1864

I last saw her alive on 6. 29 1939 Death is said to have occurred on the date stated above, at 10:55 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 3 28

The principal cause of death and related causes of importance were as follows:

Chronic cholecystitis & calculi Date of onset 18.37.

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. Home.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Other contributory causes of importance:

Acute cholecystitis and acute hepatitis 6-15-39

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hunnewell, Missouri.

FATHER 13. NAME Henry Crigler.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

MOTHER 15. MAIDEN NAME Kathrine Norman.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT (ADDRESS) Stee Rouse Perry, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Perry, Missouri DATE 6/30 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clyde C. Wilkey Perry, Missouri

20. FILED July 5 1939 W. B. Fisher Registrar.

Name of operation Cholecystectomy Date of 6-27-39
What test confirmed diagnosis? Operative 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
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 Thyroid Glandectomy (Signed) Harriet J. ... M. D.

(Address) Harmon, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

JFD

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,

Clyde C Wilbey

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Clyde C. Wilbey

Licensed Embalmer No.....

3820

P. O. Address.....

Perry, 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, above space should be left blank.