

Registration District No. 26Primary Registration District No. 3002Registrar's No. 5151

1. PLACE OF DEATH:

(a) County Audrain
 (b) City or town Mexico Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
908 E. Promenade St. ✓
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether years, months or days)
 In this community 62 Years

3. (c) PRINT FULL NAME Viola C. Rose 207

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife William Rose 6. (c) Age of husband or wife if alive 65 years7. Birth date of deceased March 24 1877
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
62 7 10 hr. min.9. Birthplace Audrain County Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name William Mohn13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Luticia Creed
(City, town, or county) (State or foreign country)15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature [Signature](b) Address Tulsa, Oklahoma17. (a) Burial (b) Date thereof Nov. 5, 39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Elmwood, Mexico, Mo.18. (a) Signature of funeral director [Signature](b) Address Mexico, Mo.19. (a) Nov 4-39 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
 (c) City or town Mexico,
 (If outside city or town limits, write "RURAL")
 (d) Street No. OP 908 E. Promenade
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3
year 1939 hour 7:30 minute _____ M.21. I hereby certify that I attended the deceased from June 6
1939, to November 3, 1939
that I last saw her alive on Nov - 3, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of breast
lung
Due to metastasis 50Due to Breast removed
1937 Jan 20, following
Other conditions Angioma June 1939
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Paul E Coif (M. D. optional) !
Address Mexico Mo Date signed _____

RECEIVED

District Health Officer No. 10

District File Number 12-39-2128

Date Filed DEC 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.....

Earl E. Precht

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.