

JAN 21 1941 581
Registration District No.

Primary Registration District No. 4343

Registrar's No. 29

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

1. PLACE OF DEATH:

(a) County MONROE
(b) City or town MONROE CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
120 FRONT ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 55 yrs.
years, months or days) _____

8. (a) PRINT FULL NAME ROSE BESELEY.

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

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HENRY 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased OCTOBER 31 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 16 If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER { 12. Name WIFE. FETSENBURG
18. Birthplace Ill. Germany
(City, town, or county) (State or foreign country)
14. Maiden name Donna Know
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Besley
(b) Address Monroe City, Mo
17. (a) Burial (b) Date thereof DEC 21, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Holy Rosary.

18. (a) Signature of funeral director WILSON FSON
(b) Address Monroe City, Mo.
19. (a) Dec 20, 1940 (b) J. P. Stephens
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE
(c) City or town MONROE CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 120 FRONT ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19th
year 1940 hour 1 minute 15 AM.

21. I hereby certify that I attended the deceased from Dec 17, 1940, to Dec 19, 1940
that I last saw her alive on Dec 18, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 3 days

Due to IIW

Other conditions Chronic Bronchitis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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?
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While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature [Signature] M. D. or other _____
Address Monroe City, Mo. Date signed 12/21/40

RECEIVED

District Health Officer No. 10

District File Number 1-41-26

Date Filed JAN 7 1941

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 Leslie L. Wilson

Licensed Embalmer No. 3014

P.O. Address Memphis City Tenn

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.