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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 4 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2858

State File No. .....

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Levering
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 64

(a) State Missouri (b) County Marion

(c) City or town Hannibal
(If outside city or town limits, write "RURAL")

(d) Street No. 1506 Fulton
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Louise Rebecca Rose

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife David D. Rose 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased December 2, 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74		20	..... hr. ..... min.

9. Birthplace New Orleans Louisiana 1 (City, town, or county) (State or foreign country)

10. Usual occupation XX

11. Industry or business XX

FATHER
12. Name Richard Stockton
13. Birthplace New Orleans Louisiana 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sophia Sleghenhauf
15. Birthplace New Orleans Louisiana 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. N. Wilson
(b) Address 1506 Fulton Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/41 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Palmyra Mo. Crawford Smith
(b) Address 902 Broadway Hannibal Missouri

19. (a) 1-2-42 (Date received local registrar) (b) W. C. Fisher (Registrar's signature)

1146

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1 year 1942 hour 12 minute 07 A M.

21. I hereby certify that I attended the deceased from December 17, 1941, to Jan 1st, 1942; that I last saw her alive on December 31, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	Not known
Due to 83a	
Due to	
Other conditions Left hemiplegia - Onset 12/17/41 (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy No 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature [signature] (M. D. or other) M.D.
Address Hannibal Mo. Date signed 1-2-42

(Licensed Embalmer's Statement on Reverse Side)

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 James A Moles

Licensed Embalmer No. 3296

P. O. Address Hannibal Missouri

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.