S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5780

[redacted] 1-3 1942

Registration District No. 1 | Primary Registration District No. 4550 | Registrar's No. 8

1. PLACE OF DEATH:
(a) County: Andrain
(b) City or town: Vandalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 503 E Park (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community 32 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Andrain
(c) City or town: Vandalia (If outside city or town limits, write "RURAL")
(d) Street No. 503 E. Park (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: .....

3. (a) PRINT FULL NAME: OLLIE LAKE ROSE
3. (b) If veteran, name war: .....
3. (c) Social Security No. None
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: FRAZIER ROSE
6. (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: November (Month) 11 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
72	3	14	..... hr. ..... min.

9. Birthplace: Ralls County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: housewife
11. Industry or business: .....
FATHER 12. Name: GEORGE A. LAKE
FATHER 13. Birthplace: MARION Co. (City, town, or county) MISSOURI (State or foreign country)
MOTHER 14. Maiden name: LOUISA A. RIGG
MOTHER 15. Birthplace: Shelby Co (City, town, or county) KENTUCKY (State or foreign country)
16. (a) Informant: NAOMI HAMLETT
(b) Address: VANDALIA, MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 27, 1942 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: VANDALIA, MO
18. (a) Signature of funeral director: W. O. Waters
(b) Address: Vandalia Missouri
19. (a) Feb 26 1942 (Date received local registrar) (b) Mallie Fergus (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feby day: 25 year: 1942 hour: 2 minute: 30 P.M.
21. I hereby certify that I attended the deceased from June ~~Feby~~, 1942, to Feby 25, 1942; that I last saw her alive on Feby 24, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of Colon	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 46
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury: .....
23. Signature: H. H. Bland (M. D. or ~~other~~)
Address: Vandalia Date signed: 2/26/42

1073 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-42-330
Date Filed MAR 10 1942

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 Wm. B. Walker

Licensed Embalmer No. 4169

P. O. Address Vandalia, 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, fact should be so stated above.