

FILED SEP 3 1942 40

Registration District No.

Primary Registration District No. 5122

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
R.F.D.#1, Hallsville, Mo. 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. R.F.D.#1, Hallsville,
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Henry T. Rouse

3. (b) If veteran, name war None

3. (c) Social Security No. None #1044

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20th
year 1942 hour 12 minute 30PM

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Fannie Rouse

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 23, 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on Tuesday August 18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Edema of lungs

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>3</u>	<u>28</u>hr.min.

Due to Mitral insufficiency

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace Boone County, Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer

11. Industry or business.....

12. Name David Rouse

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Melinda Reams

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

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 Burnham Brooke (M.D. or other) D.O.
Address Hallsville Missouri Date signed Aug 21/42

16. (a) Informant Flossie Rouse

(b) Address R.F.D.#1, Hallsville, Mo.

17. (a) Burial (b) Date thereof Aug. 21, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Zion, Boone County

18. (a) Signature of funeral director T. L. ...

(b) Address Mexico, Mo.

19. (a) (Date received local registrar).....

(b) Mrs. Ralph G. Bryan
(Registrar's signature)

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

1000

STATEMENT BY LICENSED EMBALMER

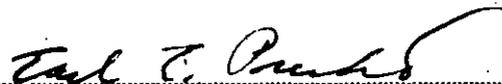
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Earl E. Precht

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

working under my personal supervision.

Signed.....



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, fact should be so stated above.