

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12288

Registration District No. 374

Primary Registration District No. 6276

Registrar's No.

1. PLACE OF DEATH:

(a) County: North
(b) City or town: Sheldon, Mo.
(c) Name of hospital or institution: Union Ins.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community: Entire life (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Rose Alice Lines

3. (b) If veteran, name war: World War I 3. (c) Social Security No.:

4. Sex: Female 5. Color or race: W 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Thomas P. Lines 6. (c) Age of husband or wife if alive: 87 years
7. Birth date of deceased: June 1867 (Month) (Day) (Year)
8. AGE: Years: 6 Months: 17 Days: 17 If less than one day hr. min.

9. Birthplace: North, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

12. Name: Richards Lines

13. Birthplace: North, Mo. (City, town, or county) (State or foreign country)

14. Maiden name: Richards

15. Birthplace: North, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: John Richards

(b) Address: Sheldon, Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof: Dec 26, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Sheldon, Mo.

18. (a) Signature of funeral director: John Richards

(b) Address: Sheldon, Mo.

19. (a) Date received local registrar: Dec 26, 1942 (b) (Registrar's signature) Arlene Scadden

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: North
(c) City or town: Sheldon, Mo. (If outside city or town limits, write "RURAL")
(d) Street No.: 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.: 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 19 year: 1942 hour: 8 minute: 30 P.M.

21. I hereby certify that I attended the deceased from: Dec 19, 1942 to: Dec 26, 1942 that I last saw her alive on: Dec 19, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
Due to: Chronic Myocarditis
Due to:

Other conditions (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?

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

23. Signature: P. G. Richards Address: Sheldon, Mo. Date signed: Dec 22, 1942

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

65
96
217

ESTD. 1911

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.....

John Andrews, Jr.
working under my personal supervision.

Registered Apprentice No.....

Signed.....

John Andrews, Jr.
Licensed Embalmer No. *4219*

P. O. Address.....

Scott City, 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.