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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6140

Registration District No. FILED MAR 17 1943

Primary Registration District No. 5298

Registrar's No. 31 — 11

1. PLACE OF DEATH:

(a) County Clinton,

(b) City or town Gower, Rural Lafayette. Twp
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: /
(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:

(a) State Mo. (b) County Clinton. 25

(c) City or town Gower Rural. 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lucy Wilson 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 .....

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

7. Birth date of deceased March. (Month) 29. (Day) 1862. (Year)

8. AGE: Years 80 Months 10 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Clinton County (City, town, or county) Missouri. 0 (State or foreign country)

10. Usual occupation Housekeeping.

11. Industry or business .....

FATHER
12. Name Willis, M. Wilson.
13. Birthplace Kentuckey. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Amanda Mallot.
15. Birthplace Platt. County (City, town, or county) Missouri. 0 (State or foreign country)

16. (a) Informant Mrs George Bryson.
(b) Address F.R.D Gower Mo.

17. (a) Mt Zion Cemetery (Burial, cremation) (b) Date thereof Feb. 8. 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Zion Cemetery.

18. (a) Signature of funeral director F. G. Lyon.
(b) Address Stewartsville Mo.

19. (a) Feb. 2. 1943 (Date received local registrar) (b) Mrs A C Harlell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1st year 1943 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from December 14th, 1942, to Feb 1, 1943; that I last saw her alive on January 31, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute myocarditis	2 days
Due to: Arteriosclerosis	5 yrs
Chronic nephritis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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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 J M Cutten (M.D. or other) D.O.
Address Stewartsville Mo. 0 Date signed 2-2-43

1085 (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 F. G. Lyon

Licensed Embalmer No. 952

P. O. Address F. G. Lyon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.