

FILED SEP 13 1943

Registration District No. 153

Primary Registration District No. 5579

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Meru in wof
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jasper Co. H. C. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 years (Specify whether years, months or days)

In this community 6 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Rose Ella Cherry
(b) If veteran, name war no
(c) Social Security No. now

4. Sex F 5. Color or race wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 1881 years

7. Birth date of deceased Sept 9 1881
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 13 If less than one day hr. min.

9. Birthplace Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Isaac Moon

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

14. Maiden name Lucy Spalding

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

16. (a) Informant Records
(b) Address

17. (a) Reburial (Burial, cremation, or removal) (b) Date thereof 8/13/43 (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest - Galena, Ia.

18. (a) Signature of funeral director Boyer and Co.
(b) Address Galena, Kansas

19. (a) August 13 1943 Mrs. Lillian Layle (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Jasper 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. Clinton Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13
year 1943 hour 2 minute 7 M.

21. I hereby certify that I attended the deceased from Dec 21 1937 to Aug 13 1943
that I last saw her alive on Aug 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary Tuberculosis

Due to

Due to

Other conditions 1381
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 John E. Douglas (M. D. or other)

Address 12th City Mo. Date signed 8/13/43

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

19
0
0

43-8-917

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:

Rex N. Newmake
Kansas

Licensed Embalmer No.

1998

P.O. Address:

Galena, Kansas

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.