V. S. No. 2
50M—5-42
Rev. 5-17-39
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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

18705

State File No.

FILED JUN 12 1944

Registration District No. 1026

Primary Registration District No. 4338

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Monroe

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

(c) Name of hospital or institution: 219 S.Davis
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

69

(a) State Missouri (b) County Monroe

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

(d) Street No. 219 S.Davis
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Rose Ellen Spalding

3. (b) If veteran, name war None

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 Thomas

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased August (Month) 28 (Day) 1898 (Year)

8. AGE: Years 45 Months 8 Days 11 If less than one day ..... hr. ..... min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name William H.Mudd
13. Birthplace Monroe County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Anna V.Hays
15. Birthplace Monroe County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Tom Spalding
(b) Address Monroe City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 11 (Day) 1944 (Year)
(c) Place: burial or cremation Holy Rosary

18. (a) Signature of funeral director Wilson & Son
(b) Address Monroe City, Mo

19. (a) May 10 - 44 (Date received local registrar) (b) Otis Hedberg (Registrar's signature)

1120

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th year 1944 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from May 9,1944, 19..., to May 9,1944, 19...; that I last saw her alive on May9, 1944, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	4 Hr
Due to Chronic Valvular Heart Desease	5 Mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93d

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature John K. Ribbe (M. D. ~~or other~~)
Address Monroe City Mo. Date signed 5/10/44

(Licensed Embalmer's Statement on Reverse Side)

APR 25 1950

RECEIVED
District Health Officer No. 10
District File Number 6-44-115
Date Filed JUN 9 1944

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 By me, Registered Apprentice No. , working under my personal supervision.

Signed Leslie L Nelson

Licensed Embalmer No. 3014

P. O. Address Monroe 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.