

FILED JUL 7 1944
Registration District No. 1777

Primary Registration District No. 4234

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Iron

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

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds 90

(c) City or town Reynolds 0
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Rose

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Fem 5. Color or race white

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

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

7. Birth date of deceased: June 2 1944
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>0</u>		<u>0</u>	<u>0</u>	<u>4</u> hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name Elton Rose

13. Birthplace St. Louis County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Evelyn Lokey

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

16. (a) Informant C. Lokey

(b) Address Reynolds Missouri

17. (a) burial (b) Date thereof 6-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reynolds Missouri

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Mo.

19. (a) June 2, 1944 (b) Ma Francis E. Howard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1944 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 1, 1944, to June 2, 1944, that I last saw her alive on June 1, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Immaturity Duration 4 hrs.

Due to Premature birth (6 mos gestation)

Due to _____

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

Major findings: 159

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 0

23. Signature Ben W. Bill (M. D. or other) M.D.

Address Ironton, Mo. Date signed 6-2-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4
District File Number 244-4023
Date Filed 2-6-44

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.....

Was not embalmed....., Registered Apprentice No.
working under my personal supervision.

Signed Lucy J. White.....

Licensed Embalmer No. 3012.....

P. O. Address Sanitarium.....

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.