

FILED DEC 7 1944
209

Registration District No.

Primary Registration District No. 2043

Registrar's No. 369

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Elizabeth 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 Monroe 69
(c) City or town Monroe City, Mo. St. 1
(If outside city or town limits, write "RURAL.")
(d) Street No. 421 West Summer St 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME William Jackson Rouse

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Katherine 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May 13 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>6</u>	<u>3</u>hr.min.

9. Birthplace Boone County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation News Paper Editor (Retired)

11. Industry or business.....

MOTHER FATHER { 12. Name Jacob Rouse

13. Birthplace Rolls County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Barlow

15. Birthplace Boone County Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Eby Rouse

(b) Address 440 Jefferson St. Jay, Ind.

17. (a) Burial (b) Date thereof II/18/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Judes Monroe City

18. (a) Signature of funeral director Wilson + Sons

(b) Address Monroe City, Mo.

19. (a) 11-22-44 (b) W. Johnson
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16
year 1944 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 7 - 1944 to Nov. 16 - 1944
and that death occurred on the date and hour stated above.
that I last saw him alive on Nov. 16 - 1944

Immediate cause of death Coronary artery -
myocardial infarction - Central
myocardium -
Due to Chronic Coronary -
arterial disease -
Due to.....

Duration
about 1 1/2 weeks
5 years

Other condition Senility -
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
1310

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 W. Johnson (M. D. or other) W.D.
Address Monroe City, Mo. Date signed 11/22/44

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

434

1146

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 Wilson
.....
Licensed Embalmer No. 3014
P. O. Address Blonson City, MD

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.