

S. No. 2  
M-5-42  
v. 5-17-39  
I X322873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2026

State File No. ....

Registrar's No. 13

FILED FEB 5 1945

Registration District No. 11

Primary Registration District No. 3012

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs  
(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) 1

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

3. (a) PRINT FULL NAME Lavana Joyce Rouse

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 Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased February 22 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

2 11 9 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Child

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Elmer P. Rouse

13. Birthplace Texas Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Lucille Lusby

15. Birthplace Howard Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elmer P. Rouse

(b) Address Excelsior Springs, Missouri

17. (a) Burial (b) Date thereof 2-2-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director Clairde Prichard

(b) Address Excelsior Springs, Missouri

19. (a) 2-2-45 (b) Mrs. L. R. Rouse  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31  
year 1945 hour \_\_\_\_\_ minute A.M.

21. I hereby certify that I attended the deceased from January 21, 1945 to January 31, 1945  
that I last saw her alive on 1-31, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia 2 weeks whooping cough

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 9

Major findings: Of operations 0

Of autopsy 0

Duration

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? \_\_\_\_\_

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

23. Signature Clairde Prichard (M. D. or other) \_\_\_\_\_  
Address Excelsior Springs Mo Date signed 2/1/45

10. 8  
Date Filed 2-2-46

**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 Carl Rapp  
Licensed Embalmer No. 23458  
P. O. Address Ex. Spgs. 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.**