

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6904

FILED MAR 8 1945

Registration District No. 278

Primary Registration District No. 5987

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Rural Union Twp
(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)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT
FULL NAME

Rosanna Cassidy

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married,
divorced Widowed
6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive years
7. Birth date of deceased 7 25 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 4 16 hr. min.

9. Birthplace Adams County Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Simon Bowers
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant George D. Cassidy

(b) Address R. F. D. #1, Dixon, Missouri

17. (a) Burial (b) Date thereof 2/14/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dixon Cemetery

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 1-18-1945 (b) Chas M. Dell
(Date received local register) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 11
year 1945 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from
Jan 30 1945 to Feb 9 1945
that I last saw him or alive on Feb 11 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pulver pneumonia Duration 12 day

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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) Means of injury

23. Signature Douglas Gates (M. D. or other)
Address Dixon, Mo Date signed 2/14/45

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

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.....

9/11/48....., Registered Apprentice No.....
working under my personal supervision.

Signed Fred H. Gilbert

Licensed Embalmer No. 2341

P. O. Address Dixon, Missouri

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.