

S. No. 2.,
4-8-13
5-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9315**

FILED APR 7 1945

Registrar's No. **5**

Registration District No. **44**

Primary Registration District No. **5174**

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

1. PLACE OF DEATH:

(a) County Camden
 (b) City or town Barnumton Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Bland Husong Home Adair Farm
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 yr
(Specify whether years, months or days)

In this community life
years, months or days

3. (a) PRINT FULL NAME Rosie Ann Husong

3. (b) If veteran, name war _____

3. (c) Social security No. _____

4. Sex F | 5. Color or race w | 6. (a) Single, widowed, married, divorced widowed

7. Birth date of deceased Nov 26 1868
(Month) (Day) (Year)

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

(b) Name of husband or wife James Isaac

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>3</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace Deer Iron Town Mo 17
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry of business _____

12. Name Joseph Ash

13. Birthplace Tenn 1
(City, town, or county) (State or foreign country)

14. Maiden name Jane Brine

15. Birthplace Mo. (?) 17
(City, town, or county) (State or foreign country)

16. (a) Informant Bland Husong

(b) Address Barnumton, Mo

17. (a) Burial (b) Date thereof 3/6/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clark Center

18. (a) Signature of funeral director Barnum Woolery

(b) Address Camden, Mo

19. (a) 3-22-1945 (b) Mrs. A. R. Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden
 (c) City or town Barnumton Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Bland Husong Farm Home
(If rural, give location)
 (e): Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
 year 1945 hour 5 minute _____ A. M.

21. I hereby certify that I attended the deceased from Oct. 1944 to Feb. 27, 1945
 and that death occurred on the date and hour stated above.

That I last saw her alive on Feb. 27, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration _____

Due to _____

Due to _____

Other conditions Chronic Bronchitis
(Include pregnancy within 6 months of death)

Major findings:
 Of operations _____
 Of autopsy 106

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?

23. Signature Dr. E. Biggs (M.D. or other) Dr.
 Address Cliff Springs, Mo Date signed 3/20/45

1000

(Licensed Embalmer's Statement on Reverse Side)

APR 9 1945

RECEIVED
District Health Officer No. 71
District File Number 3-45-255
Date Filed 4-6-45

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 *Abbi Bankson Woolery*
Licensed Embalmer No. *2488*
P. O. Address *Camdenton, 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.