

STANDARD CERTIFICATE OF DEATH

State File No. **40358**

Registration District No. \_\_\_\_\_

Primary Registration District No. **3000**

Registrar's No. **60**

1. PLACE OF DEATH:

(a) County **Adair**  
(b) City or town **Kirksville Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Laughlin**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Eight Days**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Schuyler**  
(c) City or town **Glenwood**  
(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 **Rosella Francis Ryals**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**  
7. Birth date of deceased **Sept 28 1877**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **I** Days **24**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Near Mark Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House Work**

11. Industry or business **Same**

MOTHER, FATHER { 12. Name **George Campbell**  
13. Birthplace **Iowa**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Not known**  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Carl Glossick**

(b) Address **611 Hurlbut St**

17. (a) **Burial** (b) Date thereof **11-23-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Glenwood Cemetery**

18. (a) Signature of funeral director **Wm M West**

(b) Address **Queency Missouri**

19. (a) **11-23-45** (b) **Wate Lambert**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **22**  
year **1945** hour **5** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **Nov 13 1945** to **Nov 22 1945**;  
that I last saw her alive on **Nov 22** 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hepatic insufficiency**

Due to **Secondary to Pelvic Surgery**

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **Vaginal hysterectomy 11-14-45**  
Of autopsy **✓**  
**1248**

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? \_\_\_\_\_

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

23. Signature **Carl Laughlin J. 2 D.O.**  
Address **Kirksville, Mo** Date signed **11-24-45**

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

RECEIVED

District Health Officer No. 10

District File Number 12-45-1876

Date Filed DEC 20 1945

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 Self

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 2882

P. O. Address Queens City 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.