

FILED JAN 25 1946

Registration District No. 178

Primary Registration District No. 4286

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town La Grange
(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 years, months or days)

In this community 36 Years

3. (a) PRINT FULL NAME Rose Frances Wires

3. (b) If veteran, name war WW 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased: April 15th 1905
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>6</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name John Wires

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

14. Maiden name Sarah Forrester

15. Birthplace Lewis County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Belle Pinkard

(b) Address Palmyra Mo

17. (a) Burial (b) Date thereof 11/14/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Grange, Missouri

18. (a) Signature of funeral director T.H. Roberts

(b) Address La Grange, Missouri

19. (a) 11-15-45 (b) P.W. Jennings MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 51

(c) City or town La Grange 2
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10
year 1945 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from April 1
1945 to Nov 10, 1945
that I last saw her alive on Nov 10, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: CARCINOMA BOTH BREASTS

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations: 50

Of autopsy: _____

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 W.L. Elley MD (M.D. or other) _____
Address La Grange Mo Date signed 11/17/45

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

RECEIVED
District Health Officer No. 10
District File No. 1-46-98
Date Filed JAN 23 1946

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.....

A.A. Roberts

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 1626

P. O. Address La Grange, 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.