

**FILED FEB 14 1946** STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 275

Primary Registration District No. 5053

Registrar's No. 24

**1. PLACE OF DEATH:**

(a) County Phelps

(b) City or town Rolla Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rolla Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)

In this community 2 days

3. (a) PRINT FULL NAME Rosie Burke

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 married

6. (b) Name of husband or wife Cyrus 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Nov. 7, 1903  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>1</u>	<u>28</u>	hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name Douglas Conaway

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

14. Maiden name unknown unknown

15. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Cyrus Burke

(b) Address Steelville, Mo.

17. (a) burial (b) Date thereof 1-8-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steelville

18. (c) Signature of funeral director Thomas E. Baker

(b) Address Steelville, Mo.

19. (a) Jan. 29, 1946 (b) Mrs. Juanita Harvey  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Crawford 28

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

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 5<sup>th</sup>  
year 1946 hour 4 minute 05 P.M.

21. I hereby certify that I attended the deceased from Jan 4, 1946, to Jan 5, 1946  
that I last saw her alive on Jan 5, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured uterus Duration

Due to Self inflicted to produce abortion

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 192-19  
Of operations

Of autopsy

**PHYSICIAN**  
  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 28

(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) (c) Means of injury

23. Signature W. Harvey (M. D. or other)  
Address Rolla, Mo. Date signed 1-28-46

1782  
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.....

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

working under my personal supervision.

Signed *J. H. Rocco*.....

Licensed Embalmer No. 3643.....

P. O. Address Rocco, 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.**