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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4998

Registration District No. 74 Primary Registration District No. ~~4137~~ 5296 Registrar's No. 8

1. PLACE OF DEATH:

(a) County CLINTON

(b) City or town TRIMBLE, MO. R.F.D.
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED: 25

(a) State MO. (b) County CLINTON 0

(c) City or town TRIMBLE, R.F.D. 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ROSA LEE MISNER

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 SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased MAR. (Month) 6. (Day) 1940 (Year)

8. AGE:

Years	Months	Days	If less than one day
5	II	IO	hr. min.

9. Birthplace PLATTSBURG, (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name FLOYD MISNER
13. Birthplace RAY COUNTY (City, town, or county) MO. 0 (State or foreign country)

MOTHER
14. Maiden name FREDA FORTH
15. Birthplace JAMESON (City, town, or county) MO. 0 (State or foreign country)

16. (a) Informant FLOYD MISNER
(b) Address TRIMBLE, MO. R.F.D.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/18/'46 (Month) (Day) (Year)
(c) Place: burial or cremation Smithville, Mo.

18. (a) Signature of funeral director McCormas Funeral Home
(b) Address Smithville, Mo.

19. (a) Feb 18-46 (Date received local registrar) (b) James L Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 16
year 1946 hour 5:30 minute a. M.

21. I hereby certify that I attended the deceased from Dec 11, 1946, to Feb. 16, 1946;
that I last saw her alive on Feb 16, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory failure due to postoperative shock due to Tonsilectomy	1 Day.
Due to acute rheumatic myocarditis.	2 months.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

5 8

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 2

23. Signature Bernard S. Gould DO (M. D. or other)
Address Smithville, Mo. Date signed 2-17-46

65

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 S. A. McDonnas,

Licensed Embalmer No. 2303

P. O. Address Smithville, 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.