S. No. 2
M—8-43
r. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23022

State File No.

Registration District No. 69 Primary Registration District No. 5272 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Christian

(b) City or town RFD 2 Billings Polk Tws.
(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
In this community 41 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian

(c) City or town Billings, RFD
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Rosie Ann Garroutte

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 Mark D.

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Jan. 23 (Month) 1874 (Day) (Year)

8. AGE: Years 72 Months 5 Days 17 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name G. P. Blades
13. Birthplace Greene Co. (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Rachel Ray
15. Birthplace Greene Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Warren Garoutte
(b) Address Marionville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11-46 (Month) (Day) (Year)
(c) Place: burial or cremation Wade Chapel Republic

18. (a) Signature of funeral director J. B. Bradford
(b) Address Marionville, Mo.

19. (a) July 13, 1946 (Date received local registrar) (b) Mrs. Alline Dreier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1946 hour 11:45 minute M.

21. I hereby certify that I attended the deceased from June 7, 1946 to July 7, 1946
that I last saw her alive on July 7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Lower intestinal Obstruction

Due to Recurrent chronic G.B.

Due to Acute C.B.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
6-21-46
7-7-46
6-7-46
Not Determined

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 Kenneth Glover M.D. (M. D. or other) by V.B. Johnson
Address Mt. Vernon, Mo. Date signed 7/9/46

60

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 846-839
Date Filed AUG 8 - 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.....

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

working under my personal supervision.

Signed Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.