

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 389

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Richsville
(c) Name of hospital or institution: Anna Still Hosp.
(d) Length of stay: In hospital or institution 8 days
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lewis
(c) City or town Canton
(d) Street No. 504 Henderson
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME ROSA MAE CLINE.

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Elmer Cline 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased 4-23-1899
(Month) (Day) (Year)

8. AGE: Years 47 Months 5 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Robert Briggs
13. Birthplace Ill
14. Maiden name Kate Daugherty
15. Birthplace Ill

16. (a) Informant Mrs. Bill Daugherty
(b) Address Quincy, Ill

17. (a) Neutral (b) Date thereof 10-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Canton, Mo

18. (a) Signature of funeral director Burkley Funeral Home

(b) Address Canton, Mo

19. (a) 10-17-46 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17
year 1946 hour 4 Pm minute 8 M.

21. I hereby certify that I attended the deceased from Oct 9 1946 to Oct 17 1946
that I last saw her alive on Oct 17 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the mediastinum and throat met at site from breast.

Due to _____

Due to _____

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

Major findings: Of operations 50
Of autopsy _____

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? 2

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Elizabeth & Estaline P.O.
Address Richsville Mo Date signed 10/17/46
(M. D. or other)

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

31370

RECEIVED
District Health Officer No. 10
District File Number 10-46-1954
Date Filed -- OCT 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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed W. C. Sumner

Licensed Embalmer No. 2159

P. O. Address Leiksville Md

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.