S. No. 2
—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33021

State File No.

Registration District No. 65 Primary Registration District No. 5251 Registrar's No.

1. PLACE OF DEATH:
(a) County Chariton, Salt Creek Twp.
(b) City or town Mendon Rural
(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 63 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Chariton
(c) City or town Mendon Rural
(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 Rebecca Elizabeth Hough
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 widowed
6. (b) Name of husband or wife Dr Warren G. Hough
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 11 (Day) 1862 (Year)
8. AGE: Years 83 Months 11 Days 1 If less than one day hr. min.
9. Birthplace Bates Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation at Home
11. Industry or business
MOTHER FATHER
12. Name Peter P Morris
13. Birthplace — (City, town, or county) Kentucky (State or foreign country)
14. Maiden name Elizabeth Ely
15. Birthplace — (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mrs Edith Sparks
(b) Address Marceline Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 14 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Rothville Cemetery
18. (a) Signature of funeral director James McLaughlin
(b) Address Marceline Mo
19. (a) Oct 19-46 (Date received local registrar) (b) Mildred Bonne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12 year 1946 hour 10 minute A.M.
21. I hereby certify that I attended the deceased from Oct. 19, 1945 to Oct. 12, 1946, that I last saw her alive on Oct. 12, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	30 min
Due to Hypertension — arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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:
(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 John W. Aiken M.D. (M. D. or other)
Address Marceline Mo. Date signed 10/10/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-2-46

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 Dale Bunch

Licensed Embalmer No. 4088

P. O. Address Marcelina M

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.