. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36050

State File No.

Registration District No. 25 Primary Registration District No. 4036 Registrar's No. 176

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Rich Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 809 - E Walnut St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 62 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Bates 7
(c) City or town Rich Hill 2
(If outside city or town limits, write "RURAL")
(d) Street No. 809 E Walnut 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROSA A. VAN VOORHIS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife W.R. VanVoorhis
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 6 (Day) 1869. (Year)

8. AGE: Years 77 Months 10 Days 16 If less than one day hr. min.
9. Birthplace Morrisonville (City, town, or county) Ill. 1 (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business
FATHER 12. Name Jacob Miller
13. Birthplace Ohio 1 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Miranda Lawrence
15. Birthplace Ill. 1 (City, town, or county) (State or foreign country)
16. (a) Informant Mr. W.R. VanVoorhis
(b) Address 809 E Olive Rich Hill, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 18 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn.
18. (a) Signature of funeral director
(b) Address Rich Hill, Mo.
19. (a) Nov. 18 1946 (Date received local registrar) (b) Mrs. Edna Douglass (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15 year 1946 hour 8 minute 35 P.M.
21. I hereby certify that I attended the deceased from July 1 1946 to Nov 15 1946 that I last saw h. alive on Nov 15 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 14 hours
Due to Hypertension
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 83A
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 0
23. Signature (M. D. or other)
Address Date signed 11/18/46

21 (Licensed Embalmer's Statement on Reverse Side)

FEB 4 1949

JUN 2 1950

DEC 1 [illegible]

RECEIVED
District Health Officer No. 7
District [illegible] 10-46-2084
Date 11-14-46

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 Harold M. Douglass, Registered Apprentice No. #410, working under my personal supervision.

Signed John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.