

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43549
Do not use this space.

FILED JAN 17 1947

1. PLACE OF DEATH

(a) County Knox Registration District No. 169
(b) Township Lyon Primary Registration District No. 5621 Registered No. 91
(c) City Hurdland Mo. (Rural) (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Effie M. Roush

(a) Residence, No. Hurdland, Mo. R. F. D. St. _____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Riley Roush

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 11 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Knox County
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Calvin Sams

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sarah Simmons

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

17. INFORMANT Riley Roush
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Linville Cemetery
PLACE Edina Mo DATE 12-8-1946

19. FUNERAL DIRECTOR G. B. Easley, Jr.
(ADDRESS) Hurdland Mo.

20. FILED Jan 15-46 Neil B. Nunat
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7 19 46

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1946 to Dec 7, 1946

I last saw h. E. R. alive on Dec 2, 1946 Death is said to have occurred on the date stated above, at 2:00 P. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset ?

Other contributory causes of importance:

46 B

Name of operation Gastro-intestostomy Date of 9/29/46

What confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Naldo B. Skon, M. D.

(Address) Knox City Mo

RECEIVED
JAN 16 1947
OFFICER No. 10
1-42-11-4

STATEMENT BY LICENSED EMBALMER

I, Geoff Bailey Jr, Licensed Embalmer No. 3750

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Geoff Bailey Jr
Licensed Embalmer No. 3750

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.)