

FILED APR 7 1947

State File No. ....

Registration District No. 314

Primary Registration District No. 3060

Registrar's No. 110

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Farmington, Mo.  
(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 25 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94  
(c) City or town Farmington 4  
(If outside city or town limits, write "RURAL")  
(d) Street No. N. Jackson 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME METILDA E. LAROSE

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. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: November 18 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 4 15 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Andrew Berry  
13. Birthplace Switzerland 5  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Ryan  
15. Birthplace Minnesota /  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Maggie Jenkins

(b) Address Farmington, Mo. R.R. 2

17. (a) Burial (b) Date thereof 4/5/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem. Farmington, Mo.

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

(b) Address Farmington, Mo.

19. (a) 4-3-47 (b) Ether Rindloff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3  
year 1947 hour 11 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from March 27, 1947 to April 3, 1947  
that I last saw her alive on April 2, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 10 days  
Arteriosclerosis  
Hypertensive Cardiovascular Disease

Due to General & Cerebral Arteriosclerosis  
Due to Hypertensive Cardiovascular Disease

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 93D  
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? \_\_\_\_\_

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

23. Signature F. Richard Crowl (M. D. or other) MD  
Address Farmington, Mo. Date signed 4-4-47

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

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RECEIVED

Health Officer No. 4  
File Number 447-484  
Date 4-2-47

EXPIRES 1953

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 Paul H. Royal  
Licensed Embalmer No. 4170  
P. O. Address Lanham, 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.