

No. 2
5-43
5-17-39
I X36871

State File No.

FILED MAY 5 1947

Registration District No. 296

Primary Registration District No. 4427

Registrar's No. 52

1. PLACE OF DEATH

(a) County Pulaski

(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Waynesville General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days
(Specify whether)

In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas 107

(c) City or town Licking - Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Marr, Rosa Belle

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced M-1

6. (b) Name of husband or wife Marr, Henry N.

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased October 3 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 6 27 hr. min.

9. Birthplace Licking (City, town, or county) No. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Cameron, John S.

13. Birthplace Licking (City, town, or county) No. 0 (State or foreign country)

14. Maiden name Barnes, Emma

15. Birthplace Licking (City, town, or county) No. 0 (State or foreign country)

16. (a) Informant Marr, Henry N.

(b) Address Licking

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

(c) Place: burial or cremation Below Oak Can

18. (a) Signature of funeral director Smith & Ferguson

(b) Address Licking Mo

19. (a) 5/2/47 (Date received local registrar) (b) Helene C. Buchthorn (Registrar's signature) DC-1 (1)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 30
year 1947 hour 11 minute 55 M.

21. I hereby certify that I attended the deceased from 4 - 16 1947 to 4 - 30 1947
that I last saw her ER alive on 4 - 30 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Terminal Pneumonia

Due to Malignancy - Intestinal Type Unknown

Other conditions
(Includes pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations

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?

While at work? (Specify type of place)

(c) Means of injury

23. Signature Wm R. [unclear] (M. D. or other)

Address Waynesville Mo Date signed 5/2/47

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

MOTHER FATHER

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 Erbert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking 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.