. S. No. 2
0M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 2 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19947

Registration District No. 3/3

Primary Registration District No. 6269

Registrar's No. 28

1. PLACE OF DEATH:
(a) County Webster
(b) City or town Rural - Ozark township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: x /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster 1/2
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. township 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Rosa Ellen Justis
3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John G. Justis
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased March - 5 - 1870 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	1	10	x hr. x min.

9. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name John H. Good /
13. Birthplace Indiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Ann Pierson
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Francis Justis (son)
(b) Address Marshfield, Mo
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4- -47 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Pleasant Hill
18. (a) Signature of funeral director Lex Jamey
(b) Address Marshfield, Missouri.
19. (a) 5/14-47 (Date received local registrar) (b) J. Francis (Registrar's signature) 3421

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1947 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from April 10, 1947, to April 15, 1947;
that I last saw her alive on April 12, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	5 days
Due to Arteriosclerosis & Vascular Hypertension	Years
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 0
23. Signature C. P. MacDonald (M. D. or other) M.D.
Address Marshfield, Mo. Date signed 4/15/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 547-550
Date Filed MAY 22 1947

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 Lex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.