S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 18 1947

Registration District No. 1[illegible]

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37614

Primary Registration District No. 3020

Registrar's No. 145

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: St. Francis Hosp. (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 33 days (Specify whether

In this community entire life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37

(c) City or town Bland (If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Rose Ella Boyce

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 Married

6. (b) Name of husband ~~or wife~~ Russel Boyce

6. (c) Age of husband ~~or wife~~ if alive 42 years

7. Birth date of deceased April (Month) 24 (Day) 1904 (Year)

8. AGE: Years 43 Months 6 Days 9 If less than one day ✓ hr. min.

9. Birthplace Maries County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation housewife

11. Industry or business —

FATHER
12. Name Claude C Smith
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Viola Thompson
15. Birthplace Maries County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Russel Boyce

(b) Address Bland - Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 5 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Liberty - Belle - Mo.

18. (a) Signature of funeral director Sussman Funeral Service

(b) Address Bland - Mo.

19. (a) NOV 10 1947 (Date received local registrar) (b) [signature] (Registrar's signature) 30

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3 year 1947 hour 2 minute 20 A.M.

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

Immediate cause of death Malignant Hypertension — Duration unknown

Due to unknown

Due to

Other conditions (Include pregnancy within 3 months of death)

102

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 Charles A. [illegible] (M. D. or other)

Address [illegible] Date signed 11-5-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11-18-47

NOV 19 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 Chester Grossmann

Licensed Embalmer No. 4178

P. O. Address Bland

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.