

FILED JAN 7 1948

Registration District No. 11

Primary Registration District No. 3012

Registrar's No. 198

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Richmond Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Richmond, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 309 East Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Capitola Rose

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W. C. Rose 6. (c) Age of husband or wife if alive Richmond, Mo. years

7. Birth date of deceased Miss 13 1860
(Month) (Day) (Year)

8. AGE: Years 87 Months 9 Days 2 If less than one day hr. min.

9. Birthplace Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Miss Sam Cook

(b) Address Richmond, Mo.

17. (a) Removal (b) Date thereof 12/15/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director Frank A. F. H.

(b) Address Richmond, Mo.

19. (a) 12/15/47 (b) Caroline Hutchings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15
year 1947 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from Nov 11
1947 to Dec 15, 19 47
that I last saw her alive on Nov 14, 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis
Due to Strangulated Hernia

Due to
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations 100 A
Of autopsy

Duration
3 days
+ days
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 2

23. Signature Dr. E. Q. Rerax (A, B, or other)
Address Richmond, Mo. Date signed 12/15/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-5-48

SEP 27 1949

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 Louis Gust

Licensed Embalmer No. 4096

P. O. Address Richmond, Va.

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.