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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 3 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

DELAYED

State File No. 44829

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 281

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Flat River, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 9
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94

(c) City or town Flat River, Mo. 5
(If outside city or town limits, write "RURAL")

(d) Street No. 507 Buckley St. 7
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ____

3. (a) PRINT FULL NAME Mrs. Rosa Ella Counts.

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race White Caucasian 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. Joel Howard Counts 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Nov. (Month) 22 (Day) 1872 (Year)

8. AGE: Years 74 Months 6 Days 21 If less than one day ____ hr. ____ min.

9. Birthplace Womack, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ____

FATHER
12. Name Mr. William Johnson 1
13. Birthplace England (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Julia Ann (unknown)
15. Birthplace (unknown) (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Hazel Brooks (daughter)
(b) Address Mrs. Calvin Wren (daughter) Detroit Michigan & Farmington Route 4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15 1947 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Alvin W. Hood

(b) Address 303 Crane St Flat River, Mo.

19. (a) 8-31-48 (Date received local registrar) (b) Esther Riedloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1947 hour 4 AM minute — M.

21. I hereby certify that I attended the deceased from ____, 1932 to 6-13, 1947 that I last saw her alive on 6-13, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cerebral Hemorrage	3 days
Due to arterio sclerosis	15 yrs
Due to ____	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy none

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 —

23. Signature U. Duckworth (M. D. or other)

Address Desloge Mo Date signed 8-28-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 948-1113

Date Filed 9-2-48

SEP 3 1948

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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Cross St. Red Bluff

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.