

No. 2
-543
-17-39
X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20168

State File No. _____

Registration District No. 210

Primary Registration District No. 4323

Registrar's No. 145

1. PLACE OF DEATH:

(a) County Mercer

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mercer 65

(c) City or town Ravanna 0
(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 _____

3. (a) PRINT FULL NAME Albert H. Rouse

3. (b) If veteran, name war World War I

3. (c) Social Security No. NO

4. Sex Male 0 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laconia Rouse

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March 10 1890
(Month) (Day) (Year)

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

58 3 29 hr. min.

9. Birthplace Mercer Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer - Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Lewis Rouse

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

14. Maiden name Naomia Domer

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

16. (a) Informant Laconia M. Rouse

(b) Address Ravanna, Mo.

17. (a) Burial (b) Date thereof 7-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ravanna Ceme.

18. (a) Signature of funeral director Martin Funeral Home

(b) Address Princeton, Mo.

19. (a) 7-10-48 (b) M. J. Rutz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1948 hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from July 7 to July 9, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Embolicum - Hemoplegia
Valvular Heart Disease

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 5 months of death)

Major findings: 92B
Of operations _____

Of autopsy _____

Duration _____

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? _____

23. Signature J. M. Berry (M. D. occupant) _____
Address Princeton Date signed 7-10-48

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

JUL 22 1946

JUL 23 1946

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 Ivan Martin

Licensed Embalmer No. 3760

P. O. Address Princeton, MD

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.