

Registration District No. **43**

Primary Registration District No. **3007**

1. PLACE OF DEATH:

(a) County **Butler County**
(b) City or town **Paplar Bluff, Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Paplar Bluff Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 hour** (Specify whether
In this community **20 years** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME

Rosie Channel

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **Female** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **George** 6. (c) Age of husband or wife if alive **72** years
7. Birth date of deceased **June 13, 1886**
(Month) (Day) (Year)

8. AGE: Years **62** Months **1** Days **29** If less than one day hr. min.

9. Birthplace **Mapleton, Iowa** (City, town, or county) (State or foreign country)

10. Usual occupation

At home

11. Industry or business

12. Name **John Lee**
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 **George Channel**

(b) Address **P.O. D. Paplar Bluff, Mo**

17. (a) **Burial** (b) Date thereof **8-16-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Channel Cem - Ripley Co.**

18. (a) Signature of funeral director **Frank Cottrell**

(b) Address **Paplar Bluff, Mo**

19. (a) **8/14/48** (b) **9/10 minutes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ripley**
(c) City or town **Grandite**
(If outside city or town limits, write "RURAL")
(d) Street No. **P.O. D.** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **12**
year **1948** hour **2:45** minute **A.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Burns**
3rd Degree Burns over
2/3 of body
Due to **starting fire with**
Coal oil
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: **18/15**
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) **Accident**
(b) Date of occurrence **Aug 12, 1948**
(c) Where did injury occur? **Ripley Co Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Marin Home

While at work? **yes** (Specify type of place)
(e) Means of injury **Fire Burns**
Signature **George Williams** (M.D. or other)
Address **Paplar Bluff Mo** Date signed **8/14-48**

RECEIVED

District Health Office No. 2

District File Number 848-10

Date Filed 8-23-

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 *Charles W. Green*

Licensed Embalmer No. 29644

P. O. Address *Opalus Blvd. H.*

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.