FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37562

FILED DEC 14 1948

Registration District No. 73

Primary Registration District No. 5916

Registrar's No. 84

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

1. PLACE OF DEATH:
(a) County: Perry
(b) City or town: Rural Central Twp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Perryville, R. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Perry 79
(c) City or town: Rural (If outside city or town limits, write "RURAL") 0
(d) Street No.: Perryville, R. 1 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: William Joseph La Rose
3. (b) If veteran, name war .....
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) ~~Single, widowed~~, married, ~~divorced~~: Married
6. (b) Name of ~~husband or~~ wife: Catherine M. Ruch
6. (c) Age of ~~husband or~~ wife if alive: 58 years
7. Birth date of deceased: December (Month) 30 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	11	2	hr. min.

9. Birthplace: Cape Girardeau County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business .....
FATHER
12. Name: William La Rose
13. Birthplace: Ste. Genevieve County (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name: Mary Whistler
15. Birthplace: Perry County (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Mrs. Catherine Ruch
(b) Address: Perryville, Mo. R. 1
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof: 12-6-1948 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Mt. Hope Cemetery
18. (a) Signature of funeral director: Bey Funeral Home
(b) Address: Perryville, Mo.
19. (a) 12-6-48 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 2
year: 1948 hour: 6 minute: P. M.
21. I hereby certify that I attended the deceased from 18 Nov. 1946 to 2 Dec. 1948
that I last saw him alive on 2 Dec. 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Apoplexy, Cerebral	10 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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: [illegible] (M. D. or other)
Address: Perryville, Mo. Date signed: 12-3-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1248-154

Date Filed 12-13-48

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 Albert Bey

Licensed Embalmer No. 3766

P. O. Address Perryville, Mo.

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.