

FILED JAN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41121**

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 6001 Registrar's No. 1

878

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

1. PLACE OF DEATH a. COUNTY <u>Ralls</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perry, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perry,</u>	
c. LENGTH OF STAY (If this place) <u>60 Years</u>		d. STREET ADDRESS (If rural, give location) <u>Rural-SALTRIVER-TOWNSHIP</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>/</u>			

3. NAME OF DECEASED (Type or Print) <u>Elizabeth Rainey Rouse</u>			4. DATE OF DEATH <u>Dec. 16 -1948</u>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 30, 1865</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Days	Hours	Min.	Days	Hours	Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois / 99</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Abraham Floyd</u>	13b. MOTHER'S MAIDEN NAME <u>Mary J. McMannis</u>	14. NAME OF HUSBAND OR WIFE <u>Albert Rouse</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Albert Rouse, Perry, Missouri</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * * * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. <u>ABE</u>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of breast</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>c)</u>
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22. I hereby certify that I attended the deceased from June 27, 1948, to Dec 16, 1948, that I last saw the deceased alive on Dec 15, 1948, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John E. Brown</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Perry, Missouri</u>	23c. DATE SIGNED <u>1 - 7 - 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/18/48</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mound Prairie Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Perry, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1/17/49</u>	REGISTRAR'S SIGNATURE <u>Clyde Wilson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Wilson</u> ADDRESS <u>Wilkey Funeral Home, Perry, Mo.</u>
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RECEIVED

District Health Officer No. 10

District Number 14456

Date Filed JAN 10 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clyde Wilsey

Licensed Embalmer No. 3820

P. O. Address Perry 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.