DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 7 1949

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7338

Registration District No. 14 Primary Registration District No. 5066 5071 Registrar's No. 9

1. PLACE OF DEATH:

(a) County BARTON

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

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

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 61 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BARTON 6

(c) City or town NASHVILLE 0
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROSA LOUGH

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife GEORGE W. LOUGH

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

7. Birth date of deceased FEBRUARY, 26, 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
89	0	20	hr. min.

9. Birthplace OLNEY, ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation HOME

11. Industry or business HOME

FATHER
12. Name ? DEWHIRST
13. Birthplace UNKNOWN. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 0
(City, town, or county) (State or foreign country)

16. (a) Informant ROY LOUGH
(b) Address NASHVILLE MISSOURI

17. (a) BURIAL (b) Date thereof MARCH 18 49
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation NASHVILLE MISSOURI

18. (a) Signature of funeral director Allen Yancey
(b) Address PITTSBURG KANSAS

19. (a) March 24, 1949 (b) Charlotte McDowell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH, day 16, 1949
year hour 4 minute 15A M.

21. I hereby certify that I attended the deceased from 1-1-45, 19, to 3-16-49, 19;
that I last saw her alive on 3-8-49, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart disease	Duration
Due to Chronic Bronchitis, Cerebral arteriosclerosis & Nephritis.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 59 yr.
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)
(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 W. H. Knott M.D. (M. D. or other)
Address Jasper, Mo. Date signed 3-18-49

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer N
District File Number 449-
Date Filed 4-6-49

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 Allen Yancey

Licensed Embalmer No. [redacted] 3452

P. O. Address PITTSBURG KANSAS

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.