

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40048**

FILED NOV 21 1949

No. 300  
10-48

BIRTH NO. _____		REG. DIST. NO. <b>378</b>		PRIMARY REG. DIST. NO. <b>4552</b>		Registrar's No. <b>43</b>			
1. PLACE OF DEATH a. COUNTY <b>WRIGHT</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>WRIGHT</b>					
b. CITY OR TOWN <b>MTN. GROVE</b>		c. LENGTH OF STAY (in this place) <b>10</b>		c. CITY OR TOWN <b>MTN. GROVE</b>		11c. <b>11c</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION. <input checked="" type="checkbox"/> <b>1</b>				d. STREET ADDRESS (If rural, give location) <b>LAKE STREET</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b>			b. (Middle) <b>W.</b>		c. (Last) <b>ROUSE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 4/49</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JULY 16/1881</b>		9. AGE (In years last birthday) <b>68</b> MONTHS <b>3</b> DAYS <b>18</b> HOURS _____ MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>FARMER</b>		11. BIRTHPLACE (State or foreign country) <b>KENVILLE, MINN.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>MATHEW SIMPSON ROUSE</b>			13b. MOTHER'S MAIDEN NAME <b>MALTIA FNA WILL</b>			14. NAME OF HUSBAND OR WIFE <b>CONSTANCE DESMOND</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Constance Rouse</b>				ADDRESS <b>Mtn. Grove Mo.</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocarditis</b>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____						ASIX	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <b>Mtn. Grove WRIGHT. MO.</b>					
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?					
22. I hereby certify that I attended the deceased from <b>11-2-1949</b> to <b>11-4-1949</b> , that I last saw the deceased alive on <b>11-2-1949</b> , and that death occurred at <b>5p.</b> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>[Signature]</b>				23b. ADDRESS <b>Mtn. Grove Mo.</b>			23c. DATE SIGNED <b>11-6-49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 7/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>HILLOREST</b>		24d. LOCATION (City, town, or county) (State) <b>MTN. GROVE MO.</b>			
DATE REC'D BY LOCAL REG. <b>11-7-49</b>		REGISTRAR'S SIGNATURE <b>A.C. Ames By [Signature]</b>		348		25. FUNERAL DIRECTOR'S SIGNATURE <b>R. W. Barber</b>		ADDRESS <b>Mtn. Grove Mo.</b>	

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

RECEIVED NOV 14 1949  
District Health Office No. 6.  
District File Number 1149-1141  
Date Filed 11-14-49

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_  
Student Embalmer

Signed

*R. W. Barber*

Licensed Embalmer No. 3848

P. O. Address

*17th Ave,*

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.