

REGD OCT 26 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33398
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 796
 (b) Township _____ Primary Registration District No. 3038 Registered No. 134
 (c) City Marshall (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rosie Josephine Holt

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. WIDOWED SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February-7-1872

7. AGE YEARS 66 MONTHS 7 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. General House
 10. Date deceased last worked at this occupation (month and year) _____ Worked Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) New Frankfort (STATE OR COUNTRY) Saline County, Missouri

FATHER 13. NAME George Inspruckner 14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Barbara Mhlbachaer 16. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)

17. INFORMANT Miss Barbara Holt, Slater, Mo (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Slater City DATE Sept 23 1938

19. FUNERAL DIRECTOR Jones & Salzer, Slater, Mo (ADDRESS)

20. FILED 9-22-38 Mary Kent Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September-21-38

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1937, to Sept. 21, 1938
 I last saw him alive on Sept. 21, 1938 Death is said to have occurred on the date stated above, at 7.25 AM.
 The principal cause of death and related causes of importance were as follows:

Diabetic Coma
 Other contributory causes of importance: Diabetes, Mellitus
 Date of onset 9-20-38

Name of operation None Date of _____
 What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) O. A. McPurney, M. D.
 (Address) Slater, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, *R. Jones*, Licensed Embalmer No. *314*
hereby certify that the body recorded on the reverse side of this certificate was embalmed by
R. Jones L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed *R. Jones Jones & Son*
Licensed Embalmer No. *31430*

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.)