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.

NOV 15 '38

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

35283
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104

(b) Township ~~Fulton~~ Primary Registration District No. 3008 Registered No. 266

(c) City Fulton, Mo (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. 23 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rose Leopold

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Don't Know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Don't Know

7. AGE: YEARS 47 | MONTHS — | DAYS — | If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: Vitus Steinlein
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

MOTHER
15. MAIDEN NAME: Barbara Stettyl
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Records Cancer Hospital No 1 Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Marceline, Mo DATE: Nov 1st, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Jas McLaughlin Marceline Mo

20. FILED: 10/30, 1938 R. N. Crews, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1938, to Oct 30, 1938

I last saw her alive on Oct 30, 1938 Death is said to have occurred on the date stated above, at 9 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	D.K.
46 C	
Other contributory causes of importance: Anasarca (Extreme)	D.K.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

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) T. S. Lapp, M. D.
106 (Address) Fulton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.