

370 MAY 22 1939

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

15413  
Do not use this space.

1. PLACE OF DEATH

(a) County District Registration District No. 508  
(b) Township Lehlicock Primary Registration District No. 3026 Registered No. 57  
(c) City Lehlicock (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

521  
Louisa Jane Rosenberg  
(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. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Rosenberg  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3 - 1886  
7. AGE YEARS 52 MONTHS 8 DAYS 8 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
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) New Hanplog (STATE OR COUNTRY) Mo.

FATHER 13. NAME John Darrell 0

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) 0

MOTHER 15. MAIDEN NAME Mary A. Hogan

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT William Rosenberg (ADDRESS) Lehlicock Mo.

18. BURIAL, CREMATION, OR REMOVAL been PLACE Lehlicock DATE April 13 - 1939

19. FUNERAL DIRECTOR (NAME) James Gordon (ADDRESS) Lehlicock Mo.

20. FILED 4-14-1939 Donald M. Darrell, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1939  
22. I HEREBY CERTIFY, that I attended deceased from April 10, 1939 to April 11, 1939  
I last saw him alive on April 11, 1939 Death is said to have occurred on the date stated above, at 6:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Cholecyctitis  
12.7.39  
Other contributory causes of importance: Septicemia  
April 6 days

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) W. E. Elliot, M.D.  
(Address) Cherokee 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.

RECEIVED

District Health Officer No. 117

District File Number

39494

Date Filed MAY 11 1939

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.....

*James D Gordon*

....., Registered Apprentice No. *✓*

working under my personal supervision.

Signed.....

*James D Gordon*

Licensed Embalmer No. *1870*

P. O. Address *Lehiticoch, N.*

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, above space should be left blank.