

REC'D SEP 23 1939

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

See also 3,3198-39

29916

Do not use this space.

1. PLACE OF DEATH

(a) County Pettis
(b) Township
(c) City Sedalia
(e) Length of residence in city or town where death occurred yrs. mos. ds.2
1 Registration District No. 668
Primary Registration District No.
(d) Street No. 421 E. 3rd
(If death occurred in Hospital or Institution, write its name instead of street and number)Registered No. 274

2. PRINT FULL NAME

(a) Residence, No. 421 E. 3rd 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Rottler6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-27-18747. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 8 168. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Flagman R.R.
10. Date deceased last worked at this occupation (month and year) Dec-1-1938 11. Total time (years) spent in this occupation 30 yrs12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.13. NAME Henry Rottler14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Mary A. Grossebaech16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France17. INFORMANT (ADDRESS) Mrs P. Johnson Sedalia Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Galvary DATE 9-16-193919. FUNERAL DIRECTOR (NAME) (ADDRESS) McLaughlin Bros Sedalia20. FILED 9-16- 19 39 Mrs H. Sneed Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 193922. I HEREBY CERTIFY, That I attended deceased from Sept 1 1939 to Sept 13 1939I last saw him alive on Sept 13 1939 Death is said to have occurred on the date stated above, at 6:45 P.M.

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

Cerebral artery
with gross embolus

Date of onset

Other contributory causes of importance: 47Name of operation none Date of noneWhat test confirmed diagnosis? chest x-ray Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? h Date of injury h, 1939Where did injury occur? h (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury hNature of injury h24. Was disease or injury in any way related to occupation of deceased? hIf so, specify h(Signed) h, M. D.(Address) Sedalia Mo

JAN 28 1947

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. *2419*

P. O. Address *Secalia Mo.*

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.