

JAN 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43057

Registration District No. 165

Primary Registration District No. 5291

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Stockton
(c) Name of hospital or institution: 2
(If outside city or town limits, write "RURAL" and name of township)(d) Length of stay: In hospital or institution _____
(Specify whether _____)In this community _____
years, months or days

3. (a) PRINT FULL NAME Corda Ethel Rosenbaum 251

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Boyd Rosenbaum 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Sept. 8, 1894
(Month) (Day) (Year)

8. AGE: Years 45 Months 3 Days 15 If less than one day hr. min.

9. Birthplace Stockton, Cedar County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name W. S. Peach
13. Birthplace Stockton
(City, town, or county) (State or foreign country)14. Maiden name Eliza I. Homer
(City, town, or county) (State or foreign country)15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Boyd Rosenbaum

(b) Address Stockton, Mo.

17. (a) Gum Springs (b) Date thereof 12/24/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gum Springs, Mo.

18. (a) Signature of funeral director W.C. Davis & Co.

(b) Address Stockton, Mo.

19. (a) Dec 29 1939 (b) Mrs Minnie Bartleton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar

(c) City or town Stockton
(If outside city or town limits, write "RURAL")(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25
year 1939 hour 8 minute A M M.

21. I hereby certify that I attended the deceased from June 1939 to Dec 21, 1939, 19____;

that I last saw her alive on Dec 21, 1939, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of stomach
Duration

Due to --

Due to --- 46

Other conditions --
(Include pregnancy within 3 months of death)Major findings: none
Of operations

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature M. Lepere M. D. or other

Address Stockton, Mo. Date signed _____

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 Melvin Church
Licensed Embalmer No. 3272
P. O. Address Stockton Ca

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.