

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 6-17-39 I X1931

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.

FILED MAR 9 7 1943

Registration District No. 47

Primary Registration District No. 4259

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Knop
(b) City or town Edina
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 7.5 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Knop
(c) City or town Edina
(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.

3. (a) PRINT FULL NAME Lydia Ellen Vertner Rouner
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 25 year 1940 hour 2 minute _____ P. M.
21. I hereby certify that I attended the deceased from Feb 11, 1940, to Feb 25, 1940, that I last saw her alive on Feb 25, 1940, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife David A. Rouner dec. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 6 1858 (Month) (Day) (Year)

Immediate cause of death Encephalitis following influenza Duration _____

8. AGE: Years 81 Months 3 Days 19 If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Plymouth, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper & Insurance Agt.
11. Industry or business Insurance Agt.

MOTHER FATHER { 12. Name Barnett J. Wotner
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Annie Madak Alder
15. Birthplace Albany N.Y. (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Mrs. Claude M. Smith
(b) Address Edina Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Edina Loyal Co. Mo

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(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? _____

18. (a) Signature of funeral director Paul C. Frephuset
(b) Address Edina Mo 305
19. (a) Feb 26 1941 (Date received local registrar) (b) Mrs. C. M. Smith (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
28. Signature Mrs. Luman (M. D. number) _____
Address Edina Mo Date signed 2/26/40

RECEIVED

District Health Officer No. 10

District File Number 3-40-534

Date Filed MAR 8 1940

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 Paul C. Krieghauser

Licensed Embalmer No. 4085

P. O. Address Edina 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.