

APR MAY 15 1940

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

15242
Do not use this space.

1. PLACE OF DEATH

(a) County Laurie Registration District No. 1034
 (b) Township Red Oak Primary Registration District No. 2681 Registered No. 4
 (c) City _____ (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

(a) Residence, No. 255 Helen Berth Roseman Miller - rural 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 J. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. F. Roseman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25 - 1892
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
67 7 27
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lawyer
 9. Industry or business in which work was done, as saw mill, bank, etc. Lawyer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1940
 22. I HEREBY CERTIFY, That I attended deceased from July 19, 1939, to Apr 14, 1940
 last seen alive on Apr 14, 1940, 1940 Death is said to have occurred on the date stated above, at 4:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of breast
several years since beginning
50

Date of onset

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland
 FATHER 13. NAME Isikah Daugh
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT (ADDRESS) John Roseman
Lockwood Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Interment DATE Apr 23, 1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ray Caldwell
Lockwood Mo
 20. FILED Apr 26, 1940 Alta Wilson
 Local Registrar.

Name of operation no Date of _____
 What test confirmed diagnosis? _____ 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) L. J. Palmer, M. D.
 (Address) Miller 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. 6,

District File Number 540-1312

Date Filed MAY 13 1950

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 comply with the above constitutes grounds for revocation of license.)

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