

Registration District No. 781

Primary Registration District No. 4467

Registrar's No. 9

1. PLACE OF DEATH:

(a) County St. Genevieve
 (b) City or town St. Mary's
(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 _____
years, months or days

8. (a) PRINT FULL NAME MARY FUNICE ROSEMAN

8. (b) If veteran, name war _____ 8. (c) Social Security No. None

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Henry L. Roseman 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased: MAY 24 1873
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace St. Mary's Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name ROBERT V. BROWN

13. Birthplace St. Genevieve Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name MARGARET TUCKER

15. Birthplace St. Genevieve Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henry L. Roseman

(b) Address St. Mary's Mo

17. (a) Burial (b) Date thereof 7 22 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Mo

18. (a) Signature of funeral director Geo C. Bagley

(b) Address St. Genevieve Mo

19. (a) 4/22/40 (b) John J. Thomas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Genevieve
 (c) City or town St. Mary's
(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 April day 20 th
 year 1940 hour 4 minute 20 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
 Due to Cancer (Lung metastasis 4/20/40)
Breast was removed with ulcerated
 Due to tumor 4/26/1939 (all on right side) W.K.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Unknown 50

Of autopsy no autopsy 50

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) _____
 (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? _____

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

23. Signature J. A. Wilkins (M. D. or other) _____
 Address St. Mary's, Mo Date signed _____

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

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.

1 X10811

OCT 30 1957

NOV 1 1957

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.....

Leo C. Basher

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Leo C. Basher

Licensed Embalmer No.....

1985

P. O. Address.....

St. Germaine 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.