NOV 21 1940

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

36040
Do not use this space.

1. PLACE OF DEATH

(a) County Phelps — Registration District No. 677

(b) Township — Primary Registration District No. 4403 — Registered No. 130

(c) City or Rolla, — (d) Street No. Nell McFarland Memorial Hospital
(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 4 Hrs. 5 minutes yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rosa Elesta Meiser

(a) Residence, No. Crocker, Pulaski County 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Thomas Meiser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
68	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plain View, Minn.

FATHER

13. NAME Vincent L. Wurst

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT Edward Thomas Meiser
(ADDRESS) CROCKER - Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Antioch Cem. DATE 10/29 1940

19. FUNERAL DIRECTOR (NAME) J. L. Hoops & Sons
(ADDRESS) Crocker, Mo.

20. FILED Oct. 29, 1940 Jos. T. Ayers Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27, 1940 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1940, to Oct. 27, 1940
I last saw her alive on Oct. 27, 1940. Death is said to have occurred on the date stated above, at 9:20 a.m.
The principal cause of death and related causes of importance were as follows:

Fracture of the skull and broken back from an automobile accident. Also crushed chest

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct. 27, 1940
Where did injury occur? Hwy. Rolla, Phelps, Missouri
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Highway 66
Manner of injury Automobile
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Nelly McFarland, M. D.
(Address) Rolla Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

X16605

RECEIVED
District Health Officer No. 5,
District File Number 1140 1152
Date Filed

210 m
95

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. 3261

P. O. Address Crocker, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

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

. No. 2B
—2-21-40
I X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36040

Registration District No. 677 Primary Registration District No. 4403 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County: Phelps

(b) City or town: Rolla
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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: Rosa Vesta Meiser

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 17 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27 year 1940 hour minute 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: Fracture of skull and Broken back — Duration

Due to: from auto accident

Due to: Crushed Chest

Other conditions: (Include pregnancy within 3 months of death) The Stupidson Brand of car Engine No 683-4714

Major findings:
Of operations
Of autopsy

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): accident Slipped in front of a car
(b) Date of occurrence: 10/27/40
(c) Where did injury occur? highway 66 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hgwy 66 (Specify type of place)
While at work? (e) Means of injury

23. Signature: Geo. Jas. McFarlane M. D. (M. D. or other)
Address: Rolla, Mo. Date signed