

No. 2
4-13-40
-17-39
12-25-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43431

Registration District No. 657

Primary Registration District No. 5874

Registrar's No. 19

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

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Wittenberg
(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 2⁰⁰

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Perry
(c) City or town WITTENBERG
(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 28
year 1940 hour 8 minute 15 M.
21. I hereby certify that I attended the deceased from December
15th, 1940, to Dec. 28, 1940.
that I last saw her alive on December 27, 1940.
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration 3 years

3. (a) PRINT FULL NAME Susan Rose

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 William Rose 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased February 18 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>10</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation Housewife
Home

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs James Roberts
(b) Address Crosstown, Missouri.

17. (a) Burial (b) Date thereof Dec. 30, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crosstown Baptist Ce
Leuckel Funeral Home
(a) Signature of funeral director Perryville, Mo.
(b) Address 12-29-1940
(c) Rolph G. Schmitt
(Date received local registrar) (Registrar's signature)

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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?
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(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Theo J. Fisher (M. D. or other) M.D.
Address Altamburg, Mo. Date signed 12/30/40

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 12-28-4

....., Registered Apprentice No.
working under my personal supervision.

Signed Philip A Leuchel
Licensed Embalmer No. 2936
P. O. Address Pennington

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, fact should be so stated above.