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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2362

Registration District No. 231 Primary Registration District No. 4141 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Crawford
(b) City or town Steelville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Crawford
(c) City or town Steelville
(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.? 60 years.

3. (a) PRINT FULL NAME Rosa Karoline Jonas

3. (b) If veteran, name war None

3. (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

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March (Month) 23 (Day) 1880 (Year)

8. AGE: Years 60 Months 7 Days 29 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name John Lark
13. Birthplace Mereny (City, town, or county) Austria Hungary (State or foreign country)
14. Maiden name Rosa Salzer
15. Birthplace Mereny (City, town, or county) Austria Hungary (State or foreign country)

16. (a) Informant R. G. Jonas
(b) Address Steelville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 25, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Steelville Cemetery

18. (a) Signature of funeral director R. G. Jones & Son
(b) Address Steelville, Missouri

19. (a) 2-10-41 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22
year 1940 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from November 19, 1940, to November 22, 1940
that I last saw her alive on November 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to Hypertension	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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) No
(b) Date of occurrence None
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Williams & Berends (M.D. or other)
Address St. James, Missouri Date signed 12-12-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 24130
Date Filed

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 Henry M. Jones, Registered Apprentice No. 2628 working under my personal supervision.

Signed Henry M. Jones

Licensed Embalmer No. 2628

P. O. Address Stehelle M

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

If this body is not embalmed, fact should be so stated above.