

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2 9967
Registrar's No. 2

Registration District No. 1017

Primary Registration District No. 5060

1. PLACE OF DEATH

(a) County Barton
(b) City or town Rural (Union)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 70 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Rural (Union)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th
year 1941 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 5 1939 to March 18 1941
that I last saw him alive on March 18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Senility
Due to: _____
Due to: 16 2 1/2 hr

Other conditions _____ (Include pregnancy within 3 months of death)
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) _____
(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?
49 (Specify type of place)
While at work? _____ Means of injury _____
23. Signature Thomas G. Duckett (M. D. or other) M.D.
Address Sheldon, Mo. Date signed 3-21-41

3. (a) PRINT FULL NAME Arsenius Rooster
3. (b) If veteran, name war Civil War 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Raney Foster 6. (c) Age of husband or wife 15 years
7. Birth date of deceased Oct 15 1848 (Month) (Day) (Year)

8. AGE: Years 92 Months 5 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____
12. Name Wiley Rooster
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Charles Walters
(b) Address Irwin Mo

17. (a) Burial (b) Date thereof 3-23-1941 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation High Cemetery

18. (a) Signature of funeral director Ther. Fungalt
(b) Address Lamar Mo

19. (a) March 27 1941 (b) M. Martin Miller (Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File No. 341-497

Date Filed MAR 27 1941

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 R. W. Dyer

Licensed Embalmer No. 3141

P. O. Address Lamar 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, fact should be so stated above.