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FILED AUG 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24659

Registration District No. 95 Primary Registration District No. ~~5141~~ 4057 Registrar's No.

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

1. PLACE OF DEATH:
(a) County CALDWELL
(b) City or town COWGILL
(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 4 months. 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 025
(a) State Mo. (b) County Clinton 1
(c) City or town Cameron
(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.? 1 years.

3. (a) PRINT FULL NAME MARY CATHERINE ROMMEL
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 widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 11 (Day) 1854 (Year)

8. AGE: Years	Months	Days	If less than one day
86	8	17	hr. min.

9. Birthplace Hocking Co (City, town, or county) Ohio 1 (State or foreign country)
10. Usual occupation at home
11. Industry or business
MOTHER FATHER
12. Name John G. Rommel
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
14. Maiden name Rosanna Oswald
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Will De Watt
(b) Address Cowgill Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30 41 (Month) (Day) (Year)
(c) Place: burial or cremation Cameron Mo
18. (a) Signature of funeral director LYLE C ALLEN
(b) Address CAMERON MO
19. (a) June 29, 41 (Date received local registrar) (b) Mrs. M. D. Forbes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1941 hour 10 minute 10 P. M.
21. I hereby certify that I attended the deceased from Mar. 3, 1941, to June 28, 1941;
that I last saw her alive on June 28, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis + Arteriosclerosis	
Due to Senile Debility	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93 H	
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Dr. G. C. Johnson (~~M. D.~~ or other) D.O.
Address Cowgill, Mo Date signed 6/29/41

(Licensed Embalmer's Statement on Reverse Side)

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 Lyle C. Albert

Licensed Embalmer No. 824

P. O. Address Cameron Mo.

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.