

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

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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29630

Registration District No. 874

Primary Registration District No. 6151B-

Registrar's No.

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Moundville Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
at home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)

In this community Eighteen years
years, months or days

8. (a) PRINT FULL NAME Rosannah Goble

9. (b) If veteran, name war 8. (c) Social Security No. None

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased June 18th 1853
(Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 20 If less than one day hr. min.

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

10. Usual occupation Stamper

11. Industry or business

MOTHER FATHER { 12. Name Christian Gish

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

14. Maiden name Emily Meadler

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

16. (a) Informant Mrs. J. C. Cullerson

(b) Address Moundville Mo. R.F.D. 59

17. (a) Burial (b) Date thereof May 19 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cemetery in home

18. (a) Signature of funeral director Ways Funeral Home

(b) Address Harvard Mo.

19. (a) 6-2-41 (b) Mrs. N. B. Primm
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 108

(a) State Missouri (b) County Vernon

(c) City or town Moundville, Mo. R.F.D.
(If outside city or town limits, write "RURAL")

(d) Street No. Rural (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from May 20, 1941, to June 1, 1941;
that I last saw her alive on May 29, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Bronchial pneumonia

Due to Fracture l. hip, intertrochanteric

Due to Fall in home

Other conditions (Include pregnancy within 3 months of death) None

Major findings: 186
Of operations 1
28
Of autopsy 10

Duration

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 118

(b) Date of occurrence May 19 1941

(c) Where did injury occur? Moundville township Vernon Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work at home (Specify type of place) (f) Means of injury Fall

23. Signature J. W. Kearney (M. D. or other) 10/2/41
Address Harvard Mo Date signed 10/2/41

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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 Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Neenah, Wis

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

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