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FILLED OCT 21 1941

Registration District No. 881

Primary Registration District No. 6171

Registrar's No. 27

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

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Rural (Elkhorn)
(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. one week (Specify whether
In this community one week
years, months or days)

3. (a) PRINT FULL NAME Katie Rosenthal

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. Alois Rosenthal 6. (c) Age of husband or wife if alive. — years
7. Birth date of deceased. Sept. 13, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 11 26 hr. min.

9. Birthplace St. Elizabeth, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business

MOTHER FATHER { 12. Name Anton Luecktemeyer
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Anna Massmann
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Alois Rosenthal

(b) Address Warrenton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 9-12-41 (Month) (Day) (Year)
(c) Place: burial or cremation. Hawk Point, Mo.

18. (a) Signature of funeral director. J. W. Hubert & Co.
(b) Address Warrenton, Mo.

19. (a) Sept. 19, 1941 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9th year 1941 hour About 2 minute — P. M.

21. I hereby certify that I attended the deceased from — 19 — to — 19 — ;
that I last saw h. — alive on — 19 — ;
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio incompetency
Sudden death Duration

Due to —
Due to —

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?

While at work? Yes (Specify type of place) (e) Means of injury —

23. Signature Mrs. F. H. Krigger (M.D. or other) Coroner
Address Warrenton, Mo. Date signed Sept. 11.

Warranton

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, John

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

John Hieburg

Licensed Embalmer No. _____

389

P. O. Address _____

Warranton, IN

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32847

Registration District No. 881

Primary Registration District No. 16171

Registrar's No.

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Rural
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (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.....

3. (a) PRINT FULL NAME Natie Rosenthal

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

6. (b) Name of husband or wife Alon Rosenthal 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Sept 13 1884
(Month) (Day) (Year)

8. AGE: Years 50 Months 11 Days 13 If less than one day min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) Aug 19, 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 9 year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....

that I last saw him..... alive on..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

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).....

(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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

1941

S-32847