

Registration District No. **306**

Primary Registration District No. **5-671**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Lin**  
(b) City or town **Baker Rural**  
(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

3. (a) PRINT FULL NAME **Mary Cecelue Rottman**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **female** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife **Wm Richardson** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Month) **27** (Day) **1954** (Year)

8. AGE: Years **87** Months **3** Days **3** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **House Wife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Berly Bray**  
13. Birthplace **KY** (City, town, or county) (State or foreign country)  
14. Maiden name **Caroline Nestor**  
15. Birthplace **MO** (City, town, or county) (State or foreign country)

16. (a) Informant **Hershel Head**  
(b) Address **New Boston**

17. (a) **burial** (b) Date thereof **Oct 28-41** (Month) (Day) (Year)  
(c) Place: burial or cremation **Wester Chapel**

18. (a) Signature of funeral director **Wm C. Garry**  
(b) Address **W. St.**

19. (a) **Oct 25 1941** (b) **Hester Williams** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County **057**  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **27** year **1941** hour **4:30** minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from **6/40** 19**41** to **10/27** 19**41**.  
that I last saw **her** alive on **9/5** 19**41**.  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic Myocarditis**  
Due to **Chr. Interstitial Nephritis**  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **131a**  
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? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury **fall**  
23. Signature **R. L. Spence** M.D. or other **W. H. Allen**  
Address **Bushlin, Mo.** Date signed **10/28/41**

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

58  
0  
0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate <sup>was</sup> ~~was~~ embalmed by me, or by <sup>Prepared</sup> ~~Prepared~~

Henry C Young, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Henry C Young  
Licensed Embalmer No. 3902  
P. O. Address Ethel Missouri

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.