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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 308

Primary Registration District No. 3026

Registrar's No. 160

1. PLACE OF DEATH:

(a) County LIVINGSTON

(b) City or town Chillicothe Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CORNER HEREFORD & VIOLET  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 17 Mo. 14 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

(c) City or town Chillicothe  
(If outside city or town limits, write "RURAL")

(d) Street No. Corner Hereford and Violet  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELMER LEE ROMESBURG

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 10  
year 1941 hour 7 minute A.M.

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased NOVEMBER 26 - 1940  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from noon, 1941 to noon, 1941, that I last saw him alive on Oct 31, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Burned to death in house fire

8. AGE:

| Years    | Months    | Days      | If less than one day |
|----------|-----------|-----------|----------------------|
| <u>0</u> | <u>12</u> | <u>14</u> | hr. _____ min. _____ |

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

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

10. Usual occupation \_\_\_\_\_

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

12. Name GILBERT ROMESBURG

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

14. Maiden name EUGENIA GAY

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

16. (a) Informant LIVINGSTON COUNTY COURT

(b) Address Chillicothe Mo.

17. (a) BURIAL (b) Date thereof Nov. - 10 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HUTCHINSON CEM.

18. (a) Signature of funeral director F. A. Memerslager

(b) Address Chillicothe Mo.

19. (a) Nov - 10 (b) LOU ELLA CURRY  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

Of autopsy No

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 11-10-1941

(c) Where did injury occur? Chillicothe Livingston Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

(e) While at work? \_\_\_\_\_ (Specify type of place)

(f) Means of injury \_\_\_\_\_ (Specify type of injury)

23. Signature Elmer Lee Romesburg (M. D. or other) 3

Address Chillicothe Mo. Date signed 11-10-41

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Body NOT EMBALMED

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.....

Licensed Embalmer No.....

P. O. Address.....

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

**If this body is not embalmed, fact should be so stated above.**