

S. No. 2
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5-17-39
PI X25390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6372
Registrar's No. 38

FILED MAR 19 1942

Registration District No. 213 Primary Registration District No. 3014

1. PLACE OF DEATH:

(a) County COLE

(b) City or town JEFFERSON CITY, MO.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 12 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COLE

(c) City or town JEFFERSON CITY, MO.
(If outside city or town limits, write "RURAL")

(d) Street No. 317 ADAMS (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ROSE ANN CHURCH

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife CHARLES CHURCH

6. (c) Age of husband or wife if alive UNKNOWN

7. Birth date of deceased SEPT 4, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73	5	2	hr. min.
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9. Birthplace WARDSVILLE, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name ROMAN SCHWALLER

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

14. Maiden name ROSE LAUX

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

16. (a) Informant MISS SARAH SCHWALLER

(b) Address JEFFERSON CITY, MO.

17. (a) BURIAL (b) Date thereof 2/9/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PETER'S

18. (a) Signature of funeral director John F. Heisch

(b) Address JEFFERSON CITY, MO.

19. (a) 2-11-42 (b) Normal Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 6
year 1942 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1931 to date 19____; that I last saw h. er alive on January 27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion arteriosclerosis and osteomyelitis

Due to _____

Due to _____

Other conditions 940
(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) _____ (Means of injury)

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

Address Jefferson City, MO. Date signed 2/6/42

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

6
5
4

0

MOTHER FATHER

7/6/42

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 Sylvester A. Belle, Registered Apprentice No. 292 working under my personal supervision.

Signed John F. Heine

Licensed Embalmer No. 3655

P. O. Address Jefferson City, Mo.

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.