

FILED MAR 16 1942 1167
Registration District No. _____

Primary Registration District No. 5698

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town Rural - Robinson, Sup.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 6 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County McDonald
(c) City or town Rural - Stella Mo. 1 mi
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 17
year 41 hour 2:00 minute 17 A.M.

21. I hereby certify that I attended the deceased from 12-1-1941 to 12-10-1941
that I last saw h. _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage 30 day
Due to 2d Cerebral Haemorrhage 12/17/41

Duration 30 day
PHYSICIAN
Underline the cause to which death should be charged statistically.

83a!

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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?

(Specify type of place) While at work? _____ (e) Means of injury _____
23. Signature Cardwell (M. D. or other)
Address Stella Date signed 2/24/42

3. (a) PRINT FULL NAME John Moses Romine

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

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nannie Romine 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Jan 23-1877 (Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 24 If less than one day hr. min.

9. Birthplace Kans. 1 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Romine

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

14. Maiden name Mary Mate

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

16. (a) Informant Nannie Romine

(b) Address Stella Mo. RFD #2

17. (a) Burial (b) Date thereof 12-18-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quincy Cemetery

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

(b) Address Goodman Mo.

19. (a) March 4 42 (b) D. [Signature] (Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 6,

District File Number 342-385

Date Filed MAR 13 1942

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 with the above constitutes grounds for revocation of license.)

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