S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Dr. Roseberry

State File No. 10851

Registration District No. FILED APR 3 18 1942

Primary Registration District No. 2001

Registrar's No. 190

**1. PLACE OF DEATH:**

(a) County Greene

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

(c) Name of hospital or institution:
Bapst. Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether
In this community 7 Days
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Cedare 0-20

(c) City or town Stockton
(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 Oma May Winton

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife H.C. Winton

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Sept. (Month) 15 (Day) 1881 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| ✓ 60 | 5 | 24 | hr. min. |

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Sam Brasher
13. Birthplace Cedar County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Alice Robison
15. Birthplace Cedar County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant H.C. Winton
(b) Address Stockton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 10 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Stockton, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 3-10-42 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 9
year 1942 hour 2 minute 30 a. M.

21. I hereby certify that I attended the deceased from Mar. 4, 1942 to Mar. 8, 1942, 19 ;
that I last saw h at alive on Mar. 8, 19 ;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Gastric carcinoma | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

46 b

Major findings:
Of operations Large carcinoma involving pylorus and duodenum
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature E C Roseberry (M. D. or other)
Address Springfield Date signed

(Licensed Embalmer's Statement on Reverse Side)

## 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 L Doolin Fromon

Licensed Embalmer No. 3177

P. O. Address Springfield, 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.**