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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18648

State File No.

Registrar's No. 5

Registration District No. 644

Primary Registration District No. 5753

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Barnetts Mill P.O.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 53 years (Specify whether years, months or days)

In this community 53 years

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Mo. (b) County Osage 0

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? — (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME MARY A. ROETTEGEN

3. (b) If veteran, name war:

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1942 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from Mar 1 1942 to Apr 22 1942 that I last saw her alive on Apr 21 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, 2 divorced, Widow

6. (b) Name of husband or wife Joe Roetegen 6. (c) Age of husband or wife if alive 49 years (Day) (Year)

7. Birth date of deceased 12-19-1866

Due to Interstitial Nephritis

Due to Mitral Stenosis

Other conditions (Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>7</u>	<u>10</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Joe Kener

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

14. Maiden name Helen Kolligian

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

Major findings: Of operations

Of autopsy

PHYSICIAN —

Underline the cause to which death should be charged statistically.

16. (a) Informant Henny Roetegen

(b) Address Barnetts Mill P.O.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-42 (Month) (Day) (Year)

(c) Place: burial or cremation Frankenstein, Mo.

18. (a) Signature of funeral director Clyde Maston

(b) Address Linn, Mo.

19. (a) 4-27-42 (Date received local registrar) (b) family of M. A. Roetegen (Registrar's signature)

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) (f) Means of injury —

23. Signature J. W. Baldwin (M. D. or other) Do

Address Linn, Mo. Date signed 4/25/42

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

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.....

Vernon Mester

Licensed Embalmer No.....

4725

P. O. Address.....

Lynn 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18648

Registration District No. 644

Primary Registration District No. 5853

Registrar's No. _____

1. PLACE OF DEATH:

(a) County O. Sage
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(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 _____

3. (a) PRINT FULL NAME Mary A. Roettgen

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 12
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days _____
(If less than one day _____ min.)

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

10. Usual occupation _____

11. Industry of business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

interstitial nephritis
Due to Chronic

Due to _____

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Harman W. Baldwin (M. D. or other) D.O.

Address _____ Date signed 7-11-42

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

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

