

FILED JUL 7 1942 3

State File No. ....

Registration District No. 23

Primary Registration District No. 4095

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Cedar  
(b) City or town El Dorado Springs  
(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 Missouri (b) County Cedar  
(c) City or town El Dorado Springs  
(If outside city or town limits, write "RURAL")  
(d) Street No. A main  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

MARTHA C ROMESBURG

3. (b) If veteran, name war \_\_\_\_\_ 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 A J. Romesburg 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased May 25 1874  
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housewife

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name Johnathan C. House  
13. Birthplace Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Blessing  
15. Birthplace Ind  
(City, town, or county) (State or foreign country)

16. (a) Informant A J. Romesburg

(b) Address El Dorado Springs, Mo

17. (a) Burial (b) Date thereof 6-30-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation El Dorado Cemetery

18. (a) Signature of funeral director Gunn - Seless

(b) Address El Dorado Springs, Mo

19. (a) 6-30-42 (b) L. T. Linnaway  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29  
year 1942 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from May 8  
1942 to June 29, 1942  
that I last saw her alive on June 29, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver

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

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

Other conditions (Include pregnancy within 3 months of death) H68

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 \_\_\_\_\_

Signature A. Hinderwirth (M. D. or other) DO

Address El Dorado Springs Date signed 6-30-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

*subject*  
*1941*

*Martha J. Tomesburg*  
*1941*

RECEIVED  
MARTHA J. TOMESBURG

District Health Officer No. 7,

District File Number 7-42-686

Date Filed 6-8-2

*1941*  
*6-8-2*  
*1941*

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. 1111

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.