

FILED JUL 15 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

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21277
Do not use this space.

1. PLACE OF DEATH

(a) County Harrison Registration District No. 339
(b) Township Trail Creek Primary Registration District No. 3475
(c) City Mt. Moriah Mo. (d) Street No. 1 Registered No. 0
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Susan Catherine Romig

(a) Residence, No. MT. MORIAH, MO. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Charles Romig (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/24/1868

7. AGE YEARS 73 MONTHS 5 DAYS 12 If LESS than 1 day,hra. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME Francis M. Hall14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Mary Tyler16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) C. C. Romig
Mt. Moriah Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE White Oak Cmty. DATE 5/8/1942.19. FUNERAL DIRECTOR (ADDRESS) J. M. Chambers
Mt. Moriah Mo.20. FILED 6-27- 1942 S. Pha Shaw
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6th 1942

22. I HEREBY CERTIFY, That I attended deceased from April 27th 1942 to May 6th 1942
I last saw her alive on May 6th 1942 Death is said to have occurred on the date stated above, at 12:15 pm.
The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 5/4-1942
107

Other contributory causes of importance:

Parkinson's Disease 1931

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) G. J. Sellers M. D.(Address) Mt. Moriah Mo

1123

(Licensed Embalmer's Statement on Reverse Side)

50M-7-20-37

I X12004

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, *J. M. Chambers*

Licensed Embalmer No. *2109*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by

Registered Apprentice No. _____

working under my personal supervision.

Signed *J. M. Chambers*

Licensed Embalmer No. *2109*

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.)