

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 23 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 571

Primary Registration District No. 4335

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town California (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Latham Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 2 Miles S.E. of Fortuna, Mo (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Sadie Levina Rodner

3. (b) If veteran, name war none 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 David Rodner 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased September 6 1876 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>9</u>	<u>8</u> hr. min.

9. Birthplace Moniteau County (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name David H. Thixton
13. Birthplace Moniteau County (City, town, or county) Mo (State or foreign country)
14. Maiden name Martha Chapman
15. Birthplace Waver (City, town, or county) Ohio (State or foreign country)

16. (a) Informant U.S. Rodner
(b) Address Fortuna Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-14-42 (Month) (Day) (Year)

(c) Place: burial or cremation Newkirk Cemetery

18. (a) Signature of funeral director James E. Ribick
(b) Address Fortuna Mo

19. (a) 6-14-42 (Date received local registrar) (b) Mrs. James Roth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1942 hour 5 minute 05 A.M.

21. I hereby certify that I attended the deceased from June 10, 1942 to June 14, 1942 that I last saw her alive on June 14, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 days
Due to Arterio-Sclerosis 3 yrs

Due to
Other conditions (Include pregnancy within 3 months of death) 830

Major findings: Of operations none Of autopsy none
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?

23. Signature D. L. Latham (Specify type of place) (e) Means of injury D
Address California, Mo Date signed 6-14-42

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

68
1
1

510

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{was} ~~was~~ embalmed by me, or by Wesley me
....., Registered Apprentice No.
working under my personal supervision.

Signed Junice E. Richard
Licensed Embalmer No. 2466
P. O. Address Septon 220

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.