

Registration District No. 174

Primary Registration District No. 5644

Registrar's No. H5

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Lafayette

(c) Name of hospital or institution Rural
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5-0 yrs (Specify whether years, months or days)

In this community 5-0 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

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

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EDWARD ROSEWALL

3. (b) If veteran, name war 0

3. (c) Social Security No. 0

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sarah Banks

6. (c) Age of husband or wife if alive 9. 1865 years (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------------|
| <u>77</u> | <u>1</u> | <u>14</u> | <u>0</u> hr. <u>0</u> min. |

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

10. Usual occupation Coal Miner

MOTHER FATHER

11. Industry or business Coal Miner

12. Name Johny Roswall

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

14. Maiden name Elizabeth Schenault

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

16. (a) Informant Mrs. Sarah Roswall

(b) Address Lexington Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/42 (Month) (Day) (Year)

(c) Place: burial or cremation Lexington Mo

18. (a) Signature of funeral director W. W. Under

(b) Address Lexington Mo

19. (a) 7/24/42 (Date received local registrar) (b) Mrs. Fred Schwal (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1942 hour 12 minute 10 A M.

21. I hereby certify that I attended the deceased from July 18 1942 to July 23 1942

that I last saw him alive on July 23 1942 and that death occurred on the date and hour stated above

Immediate cause of death Myocardial Stenosis

Duration 92 hr

Due to 0

Due to 0

Other conditions arterial sclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 0

Of operations: 0

Of autopsy: 0

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) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? 0 (Specify type of place) (e) Means of injury 0

23. Signature B. B. Brooker (M. D. or other) 7/24/42

Address Lexington Mo Date signed 7/24/42

1158

(Licensed Embalmer's Statement on Reverse Side)

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

54
00

FILED AUG 11 1942 174

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-10-42

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. _____

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.