

FILED NOV 12 1942 275

Registration District No. _____

Primary Registration District No. 3053

Registrar's No. 114

1. PLACE OF DEATH: *Phelps*

(a) County *Phelps*

(b) City or town *Rolla Mo*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *1*

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

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

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* (b) County *Phelps*

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

(d) Street No. *A 08 W 4 St*
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Sept* day *29*
year *1942* hour *14* minute _____ A.M.

21. I hereby certify that I attended the deceased from *9-28*
19 *42* to *9-29*, 19 *42*.

that I last saw him alive on *9-28*, 19 *42*
and that death occurred on the date and hour stated above.

Immediate cause of death *Coronary occlusion* Duration *6 hrs.*

Due to *Post partum*

Due to _____

Other conditions *14 9 h*
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

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

23. Signature *E. E. Feind* (M. D. or other) *MD*
Address *Rolla Mo* Date signed *10-2-42*

3. (a) PRINT FULL NAME *Ida May Gister*

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

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

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

7. Birth date of deceased *June 15, 1906*
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

36 3 14 hr. min.

9. Birthplace *Wassonade Mo*
(City, town, or county) (State or foreign country)

10. Usual occupation *Housewife*

11. Industry or business _____

12. Name *William Rogers*

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

14. Maiden name *Rosa Brown*

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

16. (a) Informant *Frank Gister*

(b) Address *408 W 4. Rolla Mo*

17. (a) *Burial* (b) Date thereof *10-1-42*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Ovenweld Mo*

18. (a) Signature of funeral director *W. E. Feind*

(b) Address *Rolla Mo*

19. (a) *10-2-42* (b) *E. E. Feind*
(Date received by registrar) (Registrar's signature)

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

81
926

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 MP
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

D. L. Meyer

Licensed Embalmer No. 3397

P. O. Address Rolla, 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.