S. No. 2
M—9-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37036

State File No.

FILED DEC 5 1942

Registration District No. 116 Primary Registration District No. 2020 Registrar's No. 98

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution:
St. Francis Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community all her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Franklin 36 5

(c) City or town Union 0
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Anna Margaretha RosenKoetter

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Henry Herman RosenKoetter

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March (Month) 16 (Day) 1881 (Year)

8. AGE: Years 61 Months 8 Days 19 If less than one day hr. min.

9. Birthplace Jeffriesburg, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Matthias Biller
13. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marianna Manhard
15. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Herman Rosenkoetter
(b) Address Beaufort, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/5/1942 (Month) (Day) (Year)
(c) Place: burial or cremation Jeffriesburg, Mo.

18. (a) Signature of funeral director Wm. Horn
(b) Address Union, Mo.

19. (a) Nov. 6-42 (Date received local registrar) (b) Lucile Ruether (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4
year 1942 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from 8-18, 1942, to 11-4, 1942
that I last saw her alive on 11-2, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of left breast with metastases	1 yr.
Due to: 50	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Metastatic carcinoma of bones with pathological fracture	
Major findings: of left femur.	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. H. M. Denny (M. D. or other) M.D.
Address Union Mo Date signed 11-6-42

1181 (Licensed Embalmer's Statement on Reverse Side)

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 Wm. H. Horn

Licensed Embalmer No. 3175

P. O. Address Union, 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.