

19192

S. No. 2
M-5-42
5-17-39DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 11 1943

Registration District No. 223

Primary Registration District No. 4474

Registrar's No. 98

1. PLACE OF DEATH:

(a) County SALINE
 (b) City or town SWEET SPRINGS 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
 In this community FEB 12, 1943 (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SALINE
 (c) City or town SWEET SPRINGS MO
 (If outside city or town limits, write "RURAL")
 (d) Street No. 115 EAST MARSHALL ST
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME MARY FLORENCE ROTHROCK

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 SAM ROTHROCK 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased FEB 6 1872
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>2</u>	<u>28</u>	hr. min.

9. Birthplace SALINE COUNTY MO
(City, town, or county) (State or foreign country)10. Usual occupation HOUSE WIFE11. Industry or business ✓

MOTHER FATHER
 12. Name URIAH MAYSE
 13. Birthplace PETTIS COUNTY MO
 (City, town, or county) (State or foreign country)
 14. Maiden name LUCY TRAVIS
 15. Birthplace SALINE COUNTY MO
 (City, town, or county) (State or foreign country)

16. (a) Informant MR SAM ROTHROCK(b) Address SWEET SPRINGS RFD 417. (a) BURIAL (b) Date thereof MAY 7 1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation FAIRVIEW CEMETERY18. (a) Signature of funeral director E. S. JAMES(b) Address CONCORDIA MO19. (a) May 7-43 (b) Mrs. M. H. Hollman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 4
year 1943 hour 2 minute 25 P.M.21. I hereby certify that I attended the deceased from July 1941
....., 19..... to 5-4, 1943;that I last saw her alive on 5-4, 1943
and that death occurred on the date and hour stated above.Immediate cause of death Angina Pectoris
attacks started 2 1/2 mo ago 2 1/2 years
Death was very sudden

Due to.....

Due to.....

Other conditions Modest hypertension
(Include pregnancy within 3 months of death)Major findings:
Of operations.....

Of autopsy.....

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 Chas. R. Parsons (M. D. or other) M.D.

Address..... Date signed.....

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

97
30

1219 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-8-43

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 me

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

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.