

No. 2
1-13-40
1-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28290

State File No.

FILED SEP 10 1943

Registration District No. 112/28

Primary Registration District No. 2000

Registrar's No. 705

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: O'Reilly General Hospital (Infirmary)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Out-patient
(Specify whether years, months or days) 4 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 645 Delmar
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME DIANNE JEAN ROSTON

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 Infant

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased April 25, 1943
(Month) (Day) (Year)

8. AGE: Years 0 Months 4 Days 1 If less than one day hr. min.

9. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

12. Name Russell C. Roston

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

14. Maiden name Susie Leona Potter

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

16. (a) Informant Russell C. Roston

(b) Address 645 Delmar, Springfield, Mo.

17. (a) Removal (b) Date thereof Aug. 27, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bucyras, Ohio

18. (a) Signature of funeral director Hermon Lohmeyer

(b) Address Springfield Mo

19. (a) 8/27/43 (b) W E Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1943 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug. 26, 1943, to Aug. 26, 1943
that I last saw her alive on Aug. 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital heart disease Duration 4 mo.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1570

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 Frederick L Phillips (M. D. or other) MD

Address Springfield, Mo Date signed 27 Aug 1943

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

9
2
6

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 *L. Doobin Johnson*

Licensed Embalmer No. *3177*

P. O. Address *Springfield*

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.