

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

Registration District No. **299**

Primary Registration District No. **6025**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Reynolds**
(b) City or town **Rural; Black River Juncos**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 miles North of Black
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community **life** _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Reynolds**
(c) City or town **rural**
(If outside city or town limits, write "RURAL.")
(d) Street No. **4 miles North of Black**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Randolph Edward Rothlinsberger**

3. (b) If veteran, name war **no**
3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced, **single**

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

7. Birth date of deceased **September 6 1941**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 11 5 hr. min.

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

10. Usual occupation **none**

11. Industry or business _____

12. Name **Godlip Rothlinsberger**

13. Birthplace **Black Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Opal Halbert**

15. Birthplace **Dillard Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Godlip Rothlinsberger**

(b) Address **Black Mo.**

17. (a) **burial** (b) Date thereof **8-12-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Banner Missouri**

18. (a) Signature of funeral director **Norman White & Sons**

(b) Address **Amel White Ironton Mo.**

19. (a) **8/12/43** (b) **Mrs. Inez Wellington**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **11**
year **1943** hour **5** minute **30** M.

21. I hereby certify that I attended the deceased from **Sept. 16**, 19**41**, to **August 11**, 19**43**;
that I last saw him alive on **August 9**, 19**43**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar pneumonia, left lower lobe** Duration **4 days**

Due to _____

Due to _____

Other conditions **Hydrocephalus** life
(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 **Ben W. Bull** (M. D. or other) **M. D.**
Address **Ironton, Mo.** Date signed **8-11-43**

1184

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RECEIVED

District Health Officer No. 5,

District File Number 643522

Date Filed 9-7-43

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.....

was not embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed Russell J. White

Licensed Embalmer No. 3012

P. O. Address Ironton 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.