

FILED JUN 12 1944

19019

Registration District No. \_\_\_\_\_

Primary Registration District No. 6053

State File No. \_\_\_\_\_

Registrar's No. 8

1. PLACE OF DEATH:

(a) County St. Clair  
 (b) City or town Rural, Monegan Twp  
 (c) Name of hospital or institution 10 mi N North East Appleton City  
 (d) Length of stay: In hospital or institution 80 yrs  
 In this community 80 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Clair  
 (c) City or town Rural  
 (d) Street No. \_\_\_\_\_  
 (e) Citizen of foreign country? \_\_\_\_\_

3. (a) PRINT FULL NAME William M. Scarb. Rosbrugh

(b) If veteran, name war None (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife Sarah E. ALLISON (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 16 1852

8. AGE: Years 87 Months 9 Days 17 If less than one day \_\_\_\_\_

9. Birthplace Ohio

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name Thomas Rosbrugh  
 { 13. Birthplace Va.  
 { 14. Maiden name Pachel Kearns  
 { 15. Birthplace Va.

16. (a) Informant William S. Rosbrugh

(b) Address Rockwell Mo

17. (a) Burial (b) Date thereof May 7 1944

(c) Place: burial or cremation Appleton City

18. (a) Signature of funeral director Frank

(b) Address Appleton City, Mo

19. (a) May 5 1944 (b) Don W. Stoll

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1944 hour 9 minute a. M.

21. I hereby certify that I attended the deceased from April 15 1944 to May 3 1944  
 that I last saw him alive on May 2 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to Asthma  
senile dementia

Due to Chronic nephritis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 131P  
 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? \_\_\_\_\_  
 (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 A. L. Dauter (M. D. or other) MD  
 Address Appleton City Mo Date signed 5-5-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2003

EMERALD  
Wm. Smith Officer No. 71  
Mortuary File No. 5-44-732  
Date Filed 6-8-44

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  
on the 31 day of May 1944, Registered Apprentice No. 7099  
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.