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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1945

Registration District No. 737

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9790

Primary Registration District No. 4775

Registrar's No. 18

1. PLACE OF DEATH:

(a) County: Holt

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community: 84 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Holt

(c) City or town: Oregon
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME: Paulina W. Rostock

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: widowed

6. (b) Name of husband or wife: Ferdinand S. Rostock

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

7. Birth date of deceased: October (Month) 29 (Day) 1848 (Year)

8. AGE: Years 96 | Months 4 | Days 22 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: At Home

11. Industry or business ____

FATHER
12. Name: Martin Bearwalt
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Caroline Sphtzstoeser
15. Birthplace (City, town, or county) West Prussia Germany (State or foreign country)

16. (a) Informant: Harold Rostock
(b) Address: Oregon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 23 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Oregon, Missouri

18. (a) Signature of funeral director: James H. Pettijohn
(b) Address: Oregon Mo.

19. (a) 3-23-45 (Date received local registrar) (b) Pauline Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 year 1945 hour 7 minute A M.

21. I hereby certify that I attended the deceased from Jan 2, 1945 to March 21, 1945 that I last saw her alive on March 20, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration: 4 days

Due to: Arterio Sclerosis

Due to ____

Other conditions (Include pregnancy within 3 months of death) ____

Major findings: Of operations —

Of autopsy none

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? none (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: G. F. Kinney (M. D. or other)

Address: Oregon Mo. Date signed 3-23-45

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(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 James H Pettijohn

Licensed Embalmer No. 3892

P. O. Address Oregon 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.