S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 28 1945

Registration District No. 129

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6-69-3 3040

State File No. 10139

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Livingston

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

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

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Livingston 59

(c) City or town RURAL-Dawn, Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. General Delivery 0
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME EARL COLISE ROMICK

3. (b) If veteran, name war No

3. (c) Social Security No. 487-14-7903

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lena Romick

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

7. Birth date of deceased Jan. (Month) 30th. (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	1	1	hr. min.

9. Birthplace Hancock County, (City, town, or county) Ohio. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name J. W. Romick
13. Birthplace Hancock County, (City, town, or county) Ohio. (State or foreign country)

MOTHER
14. Maiden name Emmaline Bealer
15. Birthplace Hancock County, (City, town, or county) Ohio. (State or foreign country)

16. (a) Informant Parl Romick
(b) Address Dawn, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-'45 (Month) (Day) (Year)
(c) Place: burial or cremation Welch Cemetery

18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri.

19. (a) March 3 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 1st. year 1945 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from Mar. 1, 1945 to Mar 1, 1945; that I last saw him alive on Mar. 1, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive heart failure	short
Due to unknown	
Due to	
Other conditions Asthma (Include pregnancy within 3 months of death)	

Major findings:
Of operations 112
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature C M Grace (M. D. or other)

Address Chillicothe, Mo. Date signed 3/1-45

458

(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~~.....

Elmer Thomas ..... Registered Apprentice No.....,

working under my personal supervision.

MAR 29 1945

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Chillicothe 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.