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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 11 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21100

Registration District No. 315 Primary Registration District No. 4460 Registrar's No.

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Roscoe (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 (Specify whether In this community years, months or days) 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair 93

(c) City or town Roscoe (If outside city or town limits, write "RURAL") 0

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

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

If yes, name country

3. (a) PRINT FULL NAME Rosetta Dorrell

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased October 7 1861 (Month) (Day) (Year)

8. AGE: 83 Years # Months 8 Days 1 If less than one day hr. min.

9. Birthplace Eagleville Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation

11. Industry or business Housekeeping

FATHER
12. Name Nathan W. Tripp
13. Birthplace Michigan (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Alvira Bradley
15. Birthplace ~~Beulah Birenbaum~~ (City, town, or county) 4 (State or foreign country)

16. (a) Informant Beulah Birenbaum
(b) Address El Dorado Springs Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-45 (Month) (Day) (Year)
(c) Place: burial or cremation Roscoe Cemetery

18. (a) Signature of funeral director Osceola Funeral Home
(b) Address Osceola Missouri

19. (a) 6/8/45 (Date received local registrar) (b) F. B. Goodrich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1945 hour 3 minute 25 A. M.

21. I hereby certify that I attended the deceased from May 20, 1945, to June 7, 1945 that I last saw her alive on June 7, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency (Chronic) Duration

Due to Aggravated by Intestinal Influenza

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 92

Of autopsy No

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) No

(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 J. W. Richardson (M. D. ~~or other~~)

Address Tiffin Mo Date signed 6-8-45

1100

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

No. 7,

6-45-609

Date Filed 7-10-45

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 F B Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.