. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37296

FILED NOV 16 1945

Registration District No. 132

Primary Registration District No. 3021

Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution: 702 Rural 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

(c) City or town Trenton – Rural
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Rosa Estella Stotts.

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 married

6. (b) Name of husband or wife Jessie Brewster Stotts

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May (Month) 3 (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	5	9	hr. min.

9. Birthplace Livingston County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name William Altenderfer
13. Birthplace Lebanon (City, town, or county) Penn. (State or foreign country)

MOTHER
14. Maiden name Nannie J. Cox
15. Birthplace Grundy County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant J. B. Stotts
(b) Address Trenton Mo R3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/17/1945 (Month) (Day) (Year)

(c) Place: burial or cremation Stucker Cemetery

18. (a) Signature of funeral director E.J. Robertson Funeral Home.
(b) Address Chula Mo.

19. (a) 10-17-45 (Date received local registrar) (b) Irene Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12
year 1945 4 hour 45 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1st, 1945, to ....., 19..., that I last saw her alive on Oct. 12, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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

23. Signature Oliver F. Duffy M.D (M.D. or other)

Address Trenton Mo Date signed 14th-1945

1451

(Licensed Embalmer's Statement on Reverse Side)

8 1958

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 John M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo Ms

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.