S. No. 2
M—5-43
. 5-17-39
I X36671

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

FILED JAN 15 1946

State File No. 41266

Registration District No. 128 Primary Registration District No. 5465 Registrar's No. 1060

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural - N. CAMPBELL TWP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Greene County Farm - Route #41
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Samuel Rosenburg

3. (b) If veteran, name war UNK.

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widow 1

6. (b) Name of husband or wife UNK.

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

7. Birth date of deceased unknown (Month) UNK (Day) 1865 (Year)

8. AGE: Years 80 Months UNK. Days UNK If less than one day ..... hr. ..... min.

9. Birthplace UNK. (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation unknown when he was retired ~~as a small~~ they came to Brookline

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) UNK. 0 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) UNK. 0 (State or foreign country)

16. (a) Informant T. W. Maples
(b) Address Clever - Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec. 24, 45 (Month) (Day) (Year)
(c) Place: burial or cremation Brookline cem.

18. (a) Signature of funeral director T.W. Maples
(b) Address Clever, Mo.

19. (a) 1-3-46 (Date received local registrar) (b) W. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1945 hour 10 minute 30 R.M

21. I hereby certify that I attended the deceased from Dec, 1943, to Dec 22, 1945
that I last saw him alive on Dec 19, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Arteriosclerosis, Generalized Senility — Duration 3 days unk.

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 James R. Amos (M. D. or other) MD
Address Springfield, Mo. Date signed 1-2-46

(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 J.W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever 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.