

No. 2
-8-43
5-17-39
1 X37823

FILED DEC 15 1945
Registration District No. **2427**

Primary Registration District No. **2427**

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

1. PLACE OF DEATH:

(a) County **PLUMASKI**

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

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

(d) Length of stay: In hospital or institution **5 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **CAMDEN/5**

(c) City or town **RICHMOND**
(If outside city or town limits, write "RURAL")

(d) Street No. **R 446**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **MINNIE ROSWELL**

3. (b) If veteran, name war _____

3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **BUYT ROSWELL**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **Nov 10 1887**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	1	20	hr. _____ min.

9. Birthplace **Florida MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER

12. Name **William Cyabtyce**

13. Birthplace **Florida MO**
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **UNKNOWN UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant **BUYT ROSWELL**

(b) Address **RICHMOND RUTLAND RD**

17. (a) **BUYT** (b) Date thereof **12-31-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **OKLAHOMA CEMETARY**

18. (a) Signature of funeral director **R. J. Dupen**

(b) Address **Richmond Mo.**

19. (a) **2-8-1946** (b) **John M. Dodd**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **29** the year **1945** hour **6** minute **40** A. M.

21. I hereby certify that I attended the deceased from **1 Dec 1945** to **29 Dec 1945** that I last saw him or her alive on **28 Dec 1945** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** Duration **12 Hrs**

Due to _____

Due to _____

Other conditions **Influenza (convalescing) 7 days**
(Include pregnancy within 9 months of death)

Major findings:
Of operations _____

Of autopsy **940**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Ray W. Reed** (M. D. or other) **4 Jan 46**
Address **Richmond** Date signed

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.....

working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

Licensed Embalmer No. *3198*

P. O. Address. *Richland 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.