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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 MAR 6 1946

State File No. 5057

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Cooper

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

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

(d) Length of stay: In hospital or institution --
(Specify whether In this community 50 Years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27

(c) City or town Boonville
(If outside city or town limits, write "RURAL") 2

(d) Street No. 518 Main St.
(If rural, give location) 0

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

If yes, name country ---

3. (a) PRINT FULL NAME Mrs. Cora Roeschel

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

3. (c) Social Security No. ---

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Wm. E. Roeschel.

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

7. Birth date of deceased December (Month) 27" (Day) 1863 (Year)

8. AGE: Years 82 Months Days 27 If less than one day hr. min.

9. Birthplace Alton, (City, town, or county) Illinois. (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business At home

FATHER
12. Name Wm. Holt
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Mabel Moore. 1

(b) Address Boonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 25"/46 (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cemetery

18. (a) Signature of funeral director Goodman & Boller

(b) Address Boonville, Mo.

19. (a) 1-25-46 (Date received local registrar) (b) Clay Marris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23 year 1946 hour 11 minute 15 a. M.

21. I hereby certify that I attended the deceased from June 23, 1946, to Jan 23, 1946 that I last saw her alive on Jan 23, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis (3d attack)	6 months
Due to arteriosclerosis	
Due to	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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 [signature] (M. D. or other)

Address Boonville Mo Date signed 1.24.46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-5-16

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. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.