

No. 2
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5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

9220

FILED APR 12 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 382

Primary Registration District No. 5548

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Howard

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

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

(d) Length of stay: In hospital or institution X (Specify whether)

In this community 52 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard

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

(d) Street No. 1 (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Minnie Lou Rozelle

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month March day 2nd
year 1946 hour 3 45 minute AM

4. Sex Female 5. Color or race White 6. (a) ~~Single, widowed, married,~~
divorced Yes

6. (b) Name of husband or wife Barley Doctor Rozelle 6. (c) Age of husband or wife if
alive 76 years

7. Birth date of deceased May 11, 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 3-2
1946 to March 2 1946
that I last saw her alive on Jan 24 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 hrs

Due to Arterio-sclerosis

8. AGE: Years 77 Months 9 Days 21
If less than one day hr. min.

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 830

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace Randolph Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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? _____

11. Industry or business X

12. Name W. H. Killbuck

13. Birthplace Volkmann Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Martina Ramsey

15. Birthplace Warsaw Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Keel

(b) Address Armstrong, Missouri

17. (a) Rural (b) Date thereof Mar. 3, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Chapel

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

23. Signature W. M. Dickerson (M. D. _____)

Address Armstrong, Mo Date signed 3/24/46

18. (a) Signature of funeral director A. H. Oldaker

(b) Address Armstrong, Mo

19. (a) 3/4/46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

8146

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..... *A. H. Aldaker*

Licensed Embalmer No. *1667*

P. O. Address. *Amherst, 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.