DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22845

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 254

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 510 Bartlett St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas Madison Rosenbaum
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha Hoover
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased July (Month) 7 (Day) 1890 (Year)

8. AGE: Years	Months	Days	If less than one day
56		15	hr. min.

9. Birthplace Senath Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER 12. Name Milton Brown Rosenbaum
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Clearcy Wilson
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Rosenbaum
(b) Address Poplar Bluff, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/46 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery
18. (a) Signature of funeral director Frank Cottrell
(b) Address Poplar Bluff, Mo.
19. (a) 8/4/46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1946 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from 29 June, 1946, to 22 July, 1946, that I last saw him alive on 16 July, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
MYOCARDITIS, CHRONIC	1½ yrs
Due to CEREBRAL APOPLEXY	1½ yrs.
Due to NEPHRITIS, CHRONIC	6 mos.
Other conditions CARDIAC DECOMPENSATION (Include pregnancy within 3 months of death)	4 wks.

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 J. Lester Hammell (M. D. or other)
Address Poplar Bluff, Mo. Date signed 23 July 1946

35 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 846-944
Date Filed 8-6-46

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 Howard Rodgers

Licensed Embalmer No. 4386

P. O. Address Poplar Bluff 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.

S. No. 2B
M—3-45
I X43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Aug

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 25

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas M. Rosenbaum

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

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

7. Birth date of deceased July 7 (Month) (Day) (Year)

8. AGE: Years 56 Months Days Unless than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director Frank Cotrell
(b) Address

19. (a) 8/4/46 (Date received local registrar) (b) R H Mueller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 22 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

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

22845