S. No. 2
I—8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24332
State File No.

FILED AUG 21 1946
Registration District No.

Primary Registration District No. 3043

Registrar's No. 221

1. PLACE OF DEATH:
(a) County Marion.
(b) City or town Hannibal, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days. (Specify whether years, months or days)
In this community 6 Days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Monroe. 69
(c) City or town Stoutsville, Missouri. ?
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Albert Roselle.

3. (b) If veteran, name war

3. (c) Social Security No. None.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Myrtle Roselle.

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

7. Birth date of deceased July 1, 1880 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	10	12	hr. min.

9. Birthplace Monroe County, Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business Farm.

MOTHER FATHER

12. Name Ed Roselle.

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

14. Maiden name Eliza Glispie.

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

16. (a) Informant Geo. Roselle.
(b) Address Perry, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Reichland, Missouri

18. (a) Signature of funeral director Cecil Williams
(b) Address Perry, Missouri.

19. (a) 6-25-46 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 30th, year 1946 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from May, 1945 to May 30, 1946 that I last saw him alive on May 30, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death General Cancerous Condition — ?
Due to Ca of Colon — ?
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 [illegible] (M. D. or other)
Address Hannibal, Missouri Date signed June 24-46

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

189 (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 Clyde C. Wilsey

Licensed Embalmer No. 3820

P. O. Address Perry, Missouri.

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.