

FILED AUG 28 1946
Registration District No. 319

Primary Registration District No. 6079

Registrar's No. 51

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

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

(b) City or town RURAL STE. GENEVIEVE T.S.
(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 _____)

In this community ALIVE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. BENEVUE ⁹⁵

(c) City or town RURAL (If outside city or town limits, write "RURAL") ⁰

(d) Street No. _____ (If rural, give location) ⁰

(e) Citizen of foreign country? NO (Yes or No) ⁰

If yes, name country _____

3. (a) PRINT FULL NAME ANNA E. ROSEMAN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 21
year 1946 hour 8 minute 50 A.M.

21. I hereby certify that I attended the deceased from JUNE 2
1946 to JULY 21 1946
that I last saw her alive on JULY 17 1946
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

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

7. (b) Name of husband or wife JOHN A. ROSEMAN 7. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased APR 28 1868
(Month) (Day) (Year)

Immediate cause of death CHRONIC MYOCARDITIS Duration 27 YRS.

8. AGE: Years Months Days If less than one day

77 10 23 hr. _____ min.

Due to _____

Due to _____

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

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

10. Usual occupation AT HOME

Major findings: 930

11. Industry or business _____

12. Name ERNEST SOHR IL

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

14. Maiden name CAROLINE W. RUSHMEYER

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

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant John W. T. Tucker

(b) Address St. Genevieve Mo Ste. R. # 1

17. (a) REMOVAL (b) Date thereof 7-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SPRINGFIELD MO

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? 0

18. (a) Signature of funeral director Paul Dasher

(b) Address St. Genevieve Mo

19. (a) July 23 46 (b) Deane M. Daryl
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)

(c) Means of injury _____

23. Signature Arthur E. Daryl (M. D. or other) M.D.

Address St. Genevieve Mo Date signed 8-21-46

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 *Les C. Basler*.....

Licensed Embalmer No. *1985*.....

P. O. Address *St. Lawrence Ins*.....

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.