

S. No. 2  
I-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32819

State File No. \_\_\_\_\_

Registrar's No. 1138

FILED OCT 16 1946

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3320 St. Joseph Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Not  
(Specify whether years, months or days) 6 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Minnesota (b) County Pine 979  
(c) City or town Finlayson 21  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No) 2  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Jeannette Rossbach

3. (b) If veteran, name war No

3. (c) Social Security No None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife George H. Rossbach

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased April 14 1898  
(Month) (Day) (Year)

8. AGE: Years 48 Months 5 Days 21 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name R. J. StClair

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

14. Maiden name Mary Jarman

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

16. (a) Informant Mrs. C. W. Mc Coy  
(b) Address 3320 St. Joseph Ave, St. Joseph, Missouri

17. (a) Removal (b) Date thereof 10/6/1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Finlayson, Minnesota.

18. (a) Signature of funeral director M. Meierhoffer  
(b) Address 1302 Farson, St. Joseph, Missouri.

19. (a) Oct. 10, 1946 (b) H. J. Westbush  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5th.  
year 1946 hour 7 minute 30 p.m.

21. I hereby certify that I attended the deceased from Sep 1 1946 to Oct 5, 1946  
that I last saw her alive on Oct 5, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Concussion of left breast 2 hrs  
Due to Metastasis in left lung 3 hrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(d) Date of occurrence \_\_\_\_\_  
(e) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(f) 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. M. Allaman (M. D. or other) \_\_\_\_\_  
Address City 2209 Date signed 10/7/46

Duration  
Physician  
Underline the cause to which death should be charged statistically.

50

34

(Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Mo.

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

31647

2233/

NOV 28 1914

OCT 18 1914

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 *Albert R. Harrington*  
Licensed Embalmer No. 3258 Missouri  
P. O. Address St. Joseph, 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.