

Registration District No. 311

Primary Registration District No. 4436

1. PLACE OF DEATH:

(a) County ST CLAIR  
(b) City or town APPLETON CITY 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. 1 (Specify whether)  
In this community 8 yr years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ST CLAIR  
(c) City or town APPLETON CITY Mo  
(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 Rosa Fox

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex 7 / 5. Color or race W  
6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased MAR 30 1874  
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 27 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name BENJAMIN MAROLF  
13. Birthplace SWITZERLAND  
14. Maiden name ANNA B MAROLF  
15. Birthplace SWITZERLAND  
(City, town, or county) (State or foreign country)

16. (a) Informant J D Greiss

(b) Address 730 50th WALKER WALKER PARK

17. (a) BURIAL (b) Date thereof Dec 1 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MONTROSE MO

18. (a) Signature of funeral director Oscar E. Schupp

(b) Address Appleton City Mo

19. (a) Nov 30 46 (b) Mrs. Ole Abney  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27  
year 1946 hour 11:00 minute A M.

21. I hereby certify that I attended the deceased from 12 June 1946 to 27 Nov 1946  
that I last saw her alive on 25 Nov 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of Stomach  
Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 46 B  
Of autopsy .....

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) (e) Means of injury

23. Signature W. Greiss (M. D. or other) Date signed 11/27/46  
Address Appleton City

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

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

MAR 7 1947  
MAR 20 1947  
MAY 22 1947

MAY 11 1956

77-3-41  
78-3-31

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 Oscar Bekhoff  
Licensed Embalmer No. 3942  
P. O. Address Appleton City, 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.