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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9941

State File No.

Registration District No. 206 Primary Registration District No. 5747 Registrar's No. 183

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Rural, Marquand (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Marquand (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 one year

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Sangamon
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 1028 No. 14th St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME ROSA C. STEAD
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband ~~or wife~~ J. B. STEAD
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Oct. (Month) 30 (Day) 1868 (Year)

8. AGE: Years 78 Months 3 Days 23 If less than one day hr. min.

9. Birthplace Mason (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business none
FATHER
12. Name Jacob Schram
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Friedericka Hellerschmidt
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant Leta R. Sexton
(b) Address Marquand, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-24-47 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Springfield Illinois
18. (a) Signature of funeral director Sam Sayer Jr.
(b) Address Fredericktown, Mo.
19. (a) 2-22-1947 (Date received local registrar) (b) Elmerle Hicks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 23 year 1947 hour minute M.
21. I hereby certify that I attended the deceased from July 1947, to Feby 23 1947 that I last saw her alive on Feby 20 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Liver	2 months
Due to Carcinoma of Breast	—
Due to Operated Dec 1946.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 50
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 S. C. Slaughter (M. D. or other)
Address 135 W. Main Fredericktown Date signed 2-24-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

File Number 347-324

3-18-47

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 Sam Dajim Jr

Licensed Embalmer No. 4299

P. O. Address Fredericktown, 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.