. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33578

Registration District No. 1 Primary Registration District No. 3900 Registrar's No. 282

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C.O.S. Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 14 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Linn 58
(c) City or town Bucklin 0
(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 INEZ ROSEBERY
3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex F. M. 1
5. Color or race white
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife S. N. Roseberry
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Nov. (Month) (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
71	11		hr. min.

9. Birthplace Unknown (City, town, or county) Ind. 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ✓
FATHER 12. Name Unknown 9
13. Birthplace ✓ (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace ✓ ✓ 9 (City, town, or county) (State or foreign country)
16. (a) Informant S. N. Roseberry
(b) Address Bucklin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 16, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cem.
18. (a) Signature of funeral director Larson Funeral Service
(b) Address Bucklin Mo.
19. (a) Oct 16-47 (Date received local registrar) (b) Nate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14 year 1947 hour 9:00 minute 20 P.M.
21. I hereby certify that I attended the deceased from Oct 13, 1947 to Oct. 14, 1947 that I last saw her alive on Oct. 14, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to: Coronary Thrombosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: A+P	
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) 2
While at work? (e) Means of injury
23. Signature J. V. Hetzler (Med. or other) DO
Address K.C.O.S. Kirksville Mo. Date signed 10-14-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
File Number 10-47-143
District
Date Filed OCT 21 1947

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.....E. A. Larson.....

Licensed Embalmer No.....40 37.....

P. O. Address.....Buckler, 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.