

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

FILED JUN 12 1948  
Registration District No. 2001

Primary Registration District No. 2001

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 718 Main  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Years (Specify whether years, months or days)

In this community 2 Years (Specify whether years, months or days)

3: (a) PRINT FULL NAME Harry Rosner

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Goldie 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased April 9 1896  
(Month) (Day) (Year)

8. AGE: Years 52 Months 0 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Hungary (City, town, or county) (State or foreign country) 4

10. Usual occupation Merchant

11. Industry or business Retail Store

12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

14. Maiden name Unknown (City, town, or county) (State or foreign country) 9

15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Goldie Rosner

(b) Address 124 N. Pearl Joplin.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Thornhill-Dillon

(b) Address Joplin, Mo.

19. (a) 5-28-48 (Date received local registrar) (b) Delores Sampkins (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 7  
(If outside city or town limits, write "RURAL")

(d) Street No. 124 N. Pearl 5  
(If rural, give location)

(e) Citizen of foreign country? Naturalized (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 25 year 1948 hour 10 minute 30 a.m.

21. I hereby certify that I attended the deceased from 4-22-48 to 5-25 1948 that I last saw him alive on 5-25 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 5-3-48

Due to Coronary artery disease ?

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 94

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? \_\_\_\_\_

While at work? (Specify type of place) \_\_\_\_\_ (e) Means of injury 0

Signature Delores Sampkins (M. D. or other) \_\_\_\_\_  
Address 308 Frisco Bldg, Joplin Date signed 5-28-48

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

29  
2  
5

**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.....

*Cecil A. Thombell*

Licensed Embalmer No. *3590*

P. O. Address *Soplin, 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.**