

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

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37823

FILED AUG 3 1948

State File No. _____

Registration District No. 77

Primary Registration District No. 4062

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town Council
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community about 4 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clinton 25
(c) City or town Cameron 1
(If outside city or town limits, write "RURAL")
(d) Street No. E 4th St. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William F. Rommell

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife. Emma Rommell 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. Dec 4 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 6 18 hr. min.

9. Birthplace Hocking Co Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business

12. Name John G. Rommell 4
13. Birthplace Germany (State or foreign country)
14. Maiden name Rosannah Oswald
15. Birthplace Germany (State or foreign country)

16. (a) Informant Mrs. W. O. DeWalt
(b) Address Council Mo

17. (a) Burial (b) Date thereof 6-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen cemetery

18. (a) Signature of funeral director Poland Funeral Home
(b) Address _____

19. (a) 6-24-48 (b) Mrs. Nell B. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22nd
year 1948 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan. 1st 1948 to June 22 1948
that I last saw him alive on June 22 1948
and that death occurred on the date and hour stated above.

Immediate cause of death acute Nephritis
Duration 10 days

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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 _____

23. Signature Ockilbourn (M. D. or other)
Address Council, Mo Date signed 6/23/48

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Licensed Embalmer No. 3960

P. O. Address Wayville, 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.