

S. No. 300
M-10-47
V. 5-17-39
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED OCT 1 1948

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

30104

State File No.

Registration District No. 136

Primary Registration District No. 2001

Registrar's No.

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

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:
1714 Missouri
(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 60 years

3: (a) PRINT FULL NAME ROSIE FRANCIS CELLNER
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex FEMALE 5. Color or race WHITE
 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 JULY 13 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>2</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace (No record) Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name John Dilday
 13. Birthplace Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name No record
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Lonnie Cellner
 (b) Address 1714 Missouri, Joplin, Mo

17. (a) Burial (b) Date thereof 9-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fairview, Joplin, Mo

18. (a) Signature of funeral director Parker-Hunsaker
 (b) Address 1502 Joplin Joplin, Mo

19. (a) 9-21-48 (b) Ed. D. Gentry
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Joplin
(If outside city or town limits, write "RURAL")
 (d) Street No. 1714 Missouri
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept. day 17
 year 1948 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from June 8, 1948 to Sept. 17, 1948
 that I last saw her alive on Sept. 16, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Liver.
 Due to _____
 Due to _____
 Other conditions 46F
(Include pregnancy within 3 months of death)

Major findings: Advanced diffuse and nodular Carcinoma of Liver.
 Of autopsy Not made.

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)
 (c) Means of injury _____

23. Signature Ed. D. Gentry M.D. (M. D. or other) _____
Joplin, Missouri. 9-18-48 Date signed _____

OCT 1 1948

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.