FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40790

FILED DEC 17 1948

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 385

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth, Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10days (Specify whether years, months or days)
In this community: Life time

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Marion 64
(c) City or town: Palmyra (If outside city or town limits, write "RURAL") 2
(d) Street No.: 221 North Lane (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Frank Henry Rothweiler
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: Married
6. (b) Name of husband or wife: Eva Janet Stevenson
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: January (Month) 1 (Day) 1889 (Year)

8. AGE: Years	Months	Days	If less than one day
59	11	6	hr. min.

9. Birthplace: Palmyra, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Electrician
11. Industry or business:
FATHER 12. Name: Mathias Rothweiler
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Magdalin Mogg
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Leo Rothweiler
(b) Address: Palmyra, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/10/48 (Month) (Day)
(c) Place: burial or cremation: St. Joseph, Cemetery Palmyra
18. (a) Signature of funeral director: [illegible]
(b) Address: Palmyra, Missouri
19. (a) 12-14-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7 year 1948 hour 2 minute 15 P.M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metastatic Ca	2
Due to: Ca of Sigmoid	1
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: H&E	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: [illegible] (M. D. or other)
Address: Hannibal, Mo. Date signed: Dec 11-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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. 2382

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.