U.S. No. 300
Rev. 10-48

FILED OCT 20 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 34477

BIRTH NO. _____ REG. DIST. NO. 221 PRIMARY REG. DIST. NO. 4331 Registrar's No. _____

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

**1. PLACE OF DEATH**
a. COUNTY: Moniteau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jamestown, Mo.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Moniteau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jamestown
d. STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED** (Type or Print)
a. (First): MARGRET
b. (Middle): ROESCH
c. (Last):

**4. DATE OF DEATH** (Month) (Day) (Year): 10 / 11 / 49

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married Widowed
**8. DATE OF BIRTH**: Apr. 25, 1865
**9. AGE** (In years last birthday): 84 Yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Switzerland
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: John Aschlemann
**13b. MOTHER'S MAIDEN NAME**: Elizabeth Kratzer
**14. NAME OF HUSBAND OR WIFE**: Godfrey Roesch

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME**: Emma Elizabeth Bottomley, K.C. ADDRESS: Mo.

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thromboses — INTERVAL BETWEEN ONSET AND DEATH: 14 hours

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:*
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: 4201

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify):
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.):
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE):

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.:
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

22. *I hereby certify that I attended the deceased from* June 1 *19*47 *to* Oct 11 *19*49, *that I last saw the deceased alive on* Oct 11 *19*49, *and that death occurred at* 7 P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): L. J. Bonion D.O.
**23b. ADDRESS**: California, Mo.
**23c. DATE SIGNED**: 10/12/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 10/13/49
**24c. NAME OF CEMETERY OR CREMATORY**: German M.E. Cemetry
**24d. LOCATION** (City, town, or county) (State): Jamestown, Mo.

**DATE REC'D BY LOCAL REG.**: Oct 14-49
**REGISTRAR'S SIGNATURE**: Gila Snow
**25. FUNERAL DIRECTOR'S SIGNATURE**: WILLIAMS FUNERAL HOME, California, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 19 1949
District Health Officer No. 9
District File Number

## 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 ..... Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed H E Friedmeyer

Licensed Embalmer No. 2854

P. O. Address California 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.