

FILED JUL 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. 20932

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 221

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		b. COUNTY Marion	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence 304 Willow		d. STREET ADDRESS (If rural, give location) 304 Willow	

3. NAME OF DECEASED (Type or Print) a. (First) Christina Roesler			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) June 28, 1950			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH October 14, 1859			9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months 8	IF UNDER 12 HRS. Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XX				10b. KIND OF BUSINESS OR INDUSTRY XX				11. BIRTHPLACE (State or foreign country) Stuttgart Wuertenburg Germany			12. CITIZEN OF WHAT COUNTRY? 4	

13a. FATHER'S NAME Jacob Weber			13b. MOTHER'S MAIDEN NAME Rosina			14. NAME OF HUSBAND OR WIFE John Roesler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Wm. Roesler Hannibal Missouri				ADDRESS	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Pneumonia							
ANTECEDENT CAUSES		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (c)						491X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		Obstruction, Cancer, etc.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Nov, 1949, to 28 June, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:45 Pm., from the causes and on the date stated above.

23a. SIGNATURE Wm. Roesler M.D.		(Degree or title)		23b. ADDRESS Hannibal Mo		23c. DATE SIGNED 30 June 1950	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/30/50		24c. NAME OF CEMETERY OR CREMATORY Mount Olive		24d. LOCATION (City, town, or county) (State) Hannibal Missouri	
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DATE REC'D BY LOCAL REG. 7-5-50		REGISTRAR'S SIGNATURE Dr. W. M. Lucke		FUNERAL DIRECTOR'S SIGNATURE W. R. ...		ADDRESS Hannibal Missouri	
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(Licensed Embalmer's Statement on Reverse Side)

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

2644

RECEIVED JUL 12 1950
MASON CO. HEALTH DEPT.
DATE FILED JUL 13 1950

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. Crawford Smith* _____

Licensed Embalmer No. 3814 _____

P. O. Address Hannibal Missouri _____

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.