N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D NOV 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36373
Do not use this space.

1. PLACE OF DEATH

(a) County Newton — Registration District No. 609

(b) Township — Primary Registration District No. 4363 — Registered No. 106

(c) City Neosho — (d) Street No. Sale-Bowman Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

251

2. PRINT FULL NAME George Robert Rosenbaum

(a) Residence, No. Rt. 2, Noel, Mo. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 11, 1937

7. AGE: YEARS 1 — MONTHS 2 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Child
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pineville, Mo. 0

FATHER
13. NAME: Geo. W. Rosenbaum 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oklahoma 1

MOTHER
15. MAIDEN NAME: Elizabeth Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oklahoma

17. INFORMANT (ADDRESS): R. D. Rosenbaum, Clear Creek, Okla.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pineville, Mo. DATE Oct. 6, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Lee Cornell, Pineville, Mo.

20. FILED 10-11, 1938 Onal A. Sale, M.D. Local Registrar. 543

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1938 to Oct. 5, 1938
I last saw him alive on Oct. 5, 1938 Death is said to have occurred on the date stated above, at 8 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Double Lobar Pneumonia	
100	
Other contributory causes of importance:	
Streptococcic Tonsilitis	

Name of operation: None — Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: None
Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Onal A. Sale, M. D.
(Address) Neosho, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.