

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 20 1939

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

11527
Do not use this space.

1. PLACE OF DEATH

(a) County Marion / Registration District No. 547
 (b) Township Monon / Primary Registration District No. 3019 Registered No. 89
 (c) City Hannibal (d) Street No. St. Elizabeth 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 312 Gotlieb Herman Rothfuss

(a) Residence, No. R.R. 3 Monroe City Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Dorothy Rothfuss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Germany

FATHER 13. NAME Christian Rothfuss

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER 15. MAIDEN NAME Anna Marie Fiest 6

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

17. INFORMANT (ADDRESS) Mrs. Rothfuss
R.R. 3 Monroe City

18. BURIAL, CREMATION, OR REMOVAL PLACE West Ely Cemetary 3/8/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Smiths' Funeral Home
902 Broadway

20. FILED 3/6 1939 St. C. Crisher
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1939

22. I HEREBY CERTIFY That I attended deceased from March 4, 1939, to March 5, 1939
 I last saw him alive on March 4, 1939. Death is said to have occurred on the date stated above, at 12:25 A.M.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
108
 Other contributory causes of importance: neglected

Name of operation _____ Date of _____
 What test confirmed diagnosis? lung Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) A. J. Francis, M. D.
 (Address) St. C. Crisher

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.....

..... Louis Quest, Registered Apprentice No. 150
working under my personal supervision.

Signed 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, above space should be left blank.