No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7699

State File No. ~~57~~

Registration District No. 668 Primary Registration District No. 3032 Registrar's No. ~~668~~ 57

1. PLACE OF DEATH:

(a) County PETTIS.

(b) City or town SEDALIA (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BOTHWELL HOSPITAL 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 MIN. (Specify whether

In this community 28 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS

(c) City or town SEDALIA (If outside city or town limits write "RURAL")

(d) Street No. 1010 WEST FOURTH ST. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 47 years.

3. (a) PRINT FULL NAME 253 SOLOMAN ROSENTHAL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race HEBREW

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife HANNAH ROSENTHAL

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug (Month) 15 (Day) 1862 (Year)

8. AGE: Years 77 Months 5 Days 11 If less than one day hr. min.

9. Birthplace (City, town, or county) RUSSIA (State or foreign country)

10. Usual occupation RETAIL MERCHANT

11. Industry or business RETAIL STORE

FATHER
12. Name ISRAEL ROSENTHAL
13. Birthplace (City, town, or county) RUSSIA (State or foreign country)

MOTHER
14. Maiden name Unk
15. Birthplace (City, town, or county) RUSSIA (State or foreign country)

16. (a) Informant JOSEPH ROSENTHAL

(b) Address SEDALIA, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 8 1940 (Month) (Day) (Year)

(c) Place: burial or cremation HEBREW UNION

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia Mo

19. (a) Feb 8, 1940 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6 year 1940 hour 6 Pm minute M.

21. I hereby certify that I attended the deceased from not at all, 19, to , 19; that I last saw ~~her~~ alive on not at all, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to arteriosclerosis

Due to

Other conditions Chronic myo-arditis (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

Duration a few months

do not [illegible]

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence none

(c) Where did injury occur? none (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or ~~other~~) 1

Address 111 E W 4th Sedalia Mo Date signed Feb 7 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-12-40

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia Mo

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

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