

MAY 13 1940

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

14207
Do not use this space.

1. PLACE OF DEATH
 (a) County Barton Registration District No. 40
 (b) Township 0 Primary Registration District No. 4024
 (c) City Lamar (d) Street No. _____ 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 James R. Rostron
 (a) Residence, No. Lamar 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 Daisy H. Rostron

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3-1881

| | | | |
|--------------|----------|----------|----------------------------------|
| 7. AGE YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| <u>58</u> | <u>4</u> | <u>9</u> | |

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Broom mfg.

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 30

12. BIRTHPLACE (CITY OR TOWN) Boonville (STATE OR COUNTRY) Indiana

FATHER
 13. NAME Eliaz Rostron
 14. BIRTHPLACE (CITY OR TOWN) Boonville (STATE OR COUNTRY) Indiana

MOTHER
 15. MAIDEN NAME Martha Kelly
 16. BIRTHPLACE (CITY OR TOWN) Boonville (STATE OR COUNTRY) Indiana

17. INFORMANT Daisy Rostron (ADDRESS) Lamar, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1940 to April 12, 1940
 I last saw him alive on April 12, 1940. Death is said to have occurred on the date stated above, at 7:35a.m.
 The principal cause of death and related causes of importance were as follows:
Polycythemia Vera
Vascular accident to spine causing paralysis of muscles of both legs & severe pain. sensation first lost in legs.
 Other contributory causes of importance: _____

| | |
|---------------|------------------|
| Date of onset | <u>4 yrs ago</u> |
|---------------|------------------|

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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) Vern T. Beckel, M. D.
 (Address) Lamar, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield, Mo. DATE April 14, 1940

19. FUNERAL DIRECTOR (NAME) Konantz Funeral Home (ADDRESS) Lamar, Mo.

20. FILED April 14, 1940 Mrs Josephine Myrath Local Registrar

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

RECEIVED

District Health Officer No. 6,

District File Number 540-1261

Date Filed MAY 8 1940

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 John F. Reser
Licensed Embalmer No. 4098
P. O. Address Lamar, Mo.

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

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