

MS APR 10 1941

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

10446
Do not use this space.

1. PLACE OF DEATH
(a) County Cole Registration District No. 213
(b) Township _____ Primary Registration District No. 3014 Registered No. 109
(c) City Jefferson (d) Street No. St. Mary Hosp 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.

2. PRINT FULL NAME Mrs. Henrietta Roesner
(a) Residence, No. _____ St. Belle, Mo
(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 Female 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 August Roesner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27, 1870.
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 2 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Beaufort
(STATE OR COUNTRY) Mo.

13. NAME Adolph Picker
14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY) 4

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY) 4

17. INFORMANT Mrs. George Tiede
(ADDRESS) Belle, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Koenig Cem. DATE Mar. 22, 1941.

19. FUNERAL DIRECTOR S. G. Licklider
(ADDRESS) Belle, Mo.

20. FILED 4/21 1941 Duke Spohn
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1941.
22. I HEREBY CERTIFY, That I attended deceased from March 16 1941, to March 20 1941.
I last saw him alive on March 20 1941. Death is said to have occurred on the date stated above, at 2:15 p.m.
The principal cause of death and related causes of importance were as follows:

Acute cardiac failure - shock
Date of onset

Other contributory causes of importance:
Chronic myocarditis
Hypertension

Name of operation Cholecystectomy Date of 3
What test confirmed diagnosis? Cholelith Was there an autopsy? yes

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?
If so, specify Acute cardiac
(Signed) Arthur Taylor M. D.
(Address) Jefferson City, Mo

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 impor

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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.,

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.

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.)