FILED APR 28 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 122-816

Registration District No. 852 Primary Registration District No. 6124 Registrar's No. 122

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

1. PLACE OF DEATH:
(a) County: Sullivan
(b) City or town: Pollock, (Rural?) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pollock (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Sullivan
(c) City or town: Pollock (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

8. (a) PRINT FULL NAME: Herbert Allen Roseberry.
8. (b) If veteran, name war:
3. (c) Social Security No. 488-14-5129
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Wilma Ruth Roseberry.
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: November (Month) 16 (Day) 1910 (Year)

8. AGE: Years 30 Months 3 Days 21 If less than one day hr. min.

9. Birthplace: Pollock (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Laborer.
11. Industry or business:
12. Name of father: James H. Roseberry
13. Birthplace of father: Pollock, Missouri (City, town, or county) (State or foreign country)
14. Maiden name of mother: Bertie D. Stanley
15. Birthplace of mother: Pollock Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: J. W. Roseberry
(b) Address: Pollock, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 10/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Pollock Cem.
18. (a) Signature of funeral director: Schoenes
(b) Address: Milan, Mo.
19. (a) Apr. 9 1941 (Date received local registrar) (b) Ora Hagan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th year 1941 hour 10 minute p. m.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of Cervical vertebrae at base of skull
Due to: Car accident
Due to: Colliding into bridge abutment
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

Duration

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): accident
(b) Date of occurrence: March 7th 1941 105
(c) Where did injury occur? Near Baxter (City or town) Sullivan (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public road (Specify type of place)
While at work? (e) Means of injury: Collision
23. Signature: Charles L. Judd M. D. or other) Coroner Sullivan County
Address: Pollock, Mo Date signed March 8-41

(Licensed Embalmer's Statement on Reverse Side)

12287

RECEIVED
District Health Officer No. 10
District File Number 4-41-843
Date Filed APR 14 1941

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 Frank D. Schoene, Registered Apprentice No. ..... working under my personal supervision.

Signed Frank D. Schoen

Licensed Embalmer No. 2016

P. O. Address Milan, Mi

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

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