S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

41328

State File No.

Registration District No. 209 Primary Registration District No. 2043 Registrar's No. 327

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: Lemering Hospital (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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

64
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3. (a) PRINT FULL NAME Mildred Susanah Rothweiler

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Leonard Rothweiler

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased September (Month) 27 (Day) 1898 (Year)

8. AGE: Years 44 Months 2 Days 28 If less than one day — hr. — min.

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER

12. Name John R. Mills

13. Birthplace Bowen (City, town, or county) Illinois (State or foreign country)

14. Maiden name Augusta Steelman

15. Birthplace Curran (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Leonard Rothweiler

(b) Address Palmyra, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 22, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph's cemetery, Palmyra, Mo.

18. (a) Signature of funeral director Ray P. Schwarz

(b) Address 100 Broadway, Hannibal, Mo.

19. (a) 12/26/42 (Date received by local registrar) (b) R. W. Thomas (Registrar's signature)

1146

MEDICAL CERTIFICATION

7th

20. DATE OF DEATH: Month December day 20 year 1942 hour 2 minute — A. M.

21. I hereby certify that I attended the deceased from 12-9, 1942 to 12-20, 1942 that I last saw her alive on 12-19, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Embolism	
Due to: Op. Bowel Resection	
Due to: for Obstructions Bowels	
Other conditions (Include pregnancy within 3 months of death): 22 F	
Major findings: Of operations: Multiple obstructions small - bowels - jejunum	
Of autopsy: a Rhapsous	

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) —

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. Lee Dexter M.D. (M. D. or other)

Address Hannibal, Mo. Date signed 12-22-42

(Licensed Embalmer's Statement on Reverse Side)

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 Roy P. Schwartz

Licensed Embalmer No. 1765

P. O. Address 100 Bishop, Waterville, Me.

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, fact should be so stated above.