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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lawrence Rural

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community About 58 years (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lawrence

(c) City or town Mt. Vernon
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Anna Wilhelmina Rothman

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 10 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 4 16 _____ hr. _____ min.

9. Birthplace St. Louis Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant Dora Rothman

(b) Address Stotts City Mo

17. (a) Burial (b) Date thereof 3-29-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evangelical Church

18. (a) Signature of funeral director H D Kosselt

(b) Address Mt. Vernon, Mo.

19. (a) Mar 27-43 (b) Widley Crawford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1943 hour 4 minute _____ M.

21. I hereby certify that I attended the deceased from 10/26
1940 to Mar 26 1943
that I last saw her alive on 3/26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
(Pt. Motor area)

Due to Hypertension
Chy. Myocarditis
Chr Nephritis

Other conditions _____
(Include pregnancy within 3 months of death)

Duration
Less than
24 hrs.

Major findings:
Of operations _____

Of autopsy _____

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? _____

23. Signature Kenneth Glover (M. D. or other)
Address Mt. Vernon, Mo. Date signed 3/27/43

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

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.....

Max S. Fossett

Licensed Embalmer No.....

4252

P. O. Address.....

714 Vernon, Mo.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 383

Primary Registration District No. 5658

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Rural
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town St Vernon
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 26 Year 1943 hour 4 minute P M.
21. I hereby certify that I attended the deceased from Oct 27 1943 until March 26 1943 and that death occurred on the date and hour stated above.
Immediate cause of death _____

Cerebral Hemorrhage 24 hr
Duration _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Kenneth G. Gloor (M. D. or other) _____
Address St Vernon Mo Date signed 3/27/43

3. (a) PRINT FULL NAME Anna W. Rathmann

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased Nov. 10 1886
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days _____ (If less than one day) _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Unknown

13. Birthplace Germany (City, town, or county) _____ (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany (City, town, or county) _____ (State or foreign country)

16. (a) Informant Ray Rathmann

(b) Address St Vernon Mo

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof 3-26-43 (Month) (Day) (Year)

(c) Place: burial or cremation Evangelic Cemetery

18. (a) Signature of funeral director H. D. Fossett

(b) Address St Vernon Mo

19. (a) March 27/43 (Date received local registrar) (b) Quincy Crawford (Registrar's signature)

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

SUPPLEMENTARY

S-10717