

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26263

State File No.

Registrar's No. 152

FILED AUG 11 1943
Registration District No. 324

Primary Registration District No. 6093

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall Rural
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
In this community 3 Days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 24
(c) City or town Marshall Mo.
(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 1

3. (a) PRINT FULL NAME Louis Rosier

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife Ellen G. Rosier 6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 7th, 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 II 22 hr. min.

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

10. Usual occupation Laborer

11. Industry or business ✓

MOTHER FATHER

12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Earl Mc Coy

(b) Address Marshall, Mo. R.F.D. 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Collins, Mo.

18. (a) Signature of funeral director Samuel R. Rine

(b) Address Marshall, Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1943 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from J. R. Held
inquest July 29, 1943
that I last saw him alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

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? 2

While at work? (Specify type of place) (e) Means of injury Saline Co.

23. Signature C. L. Lawless, Coroner or other
Address Marshall, Mo. Date signed 7-29-43

WRITE IN BLACK INK—MAKE A PERMANENT RECORD

1211

RECEIVED.

District Health Officer No. 8,

District File Number

Date Filed

8-10-43

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

Jan. H. Lewis

Licensed Embalmer No.

1171

P.O. Address

Marble

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.

S-26263