

State File No. ....

Registrar's No. 181

1 X32873

FILED SEP 13 1943  
Registration District No. 24

Primary Registration District No. 3072

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

1. PLACE OF DEATH:

(a) County Saline

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

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

(d) Length of stay: In hospital or institution.....  
25 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 97

(a) State Missouri (b) County Saline

(c) City or town Marshall  
(If outside city or town limits, write "RURAL") 2

(d) Street No. 855 South Ellsworth  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 1

3. (a) PRINT FULL NAME Rosa Haggall Wingfield

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Dr. U.B. Wingfield 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 26th, 1867  
(Month) (Day) (Year)

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

<u>76</u>	<u>3</u>	<u>5</u>	hr. min.
-----------	----------	----------	----------

9. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business.....

12. Name Joseph Haskell

13. Birthplace Germany 4  
(City, town, county) (State or foreign country)

14. Maiden name Clara Brandenburger

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Madame P. Cohen

(b) Address 1414 N. 39th St. No.

17. (a) Burial (b) Date thereof Sept. 2, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director Campbell Lewis  
Marshall, Mo.

(b) Address 9-7-43

19. (a) 9-7-43 (b) Mat. Ouberson  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21 year 1943 hour 10 minute AM

21. I hereby certify that I attended the deceased from Aug 31 1943 to Aug 31 1943 that I last saw her alive on Aug 31 1943 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Arseemia

Due to.....  
Arsemia

Due to.....  
Arsemia

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

Major findings: Of operations.....  
13/10

Of autopsy.....

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) (e) Means of injury

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

Address Marshall, Mo. Date signed 9/14/43

Duration

5 days

29 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

OCT 22 1949

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 9-10-49

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 *D.W. Campbell*  
Licensed Embalmer No. *3469*  
P. O. Address *Marshall*

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.