S. No. 2
M—9-4-41
. 5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

34614

State File No.

NOV 5 1943

Registration District No. 116 — Primary Registration District No. 3020 — Registrar's No. 79

1. PLACE OF DEATH:
(a) County: Franklin
(b) City or town: Washington Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Saint Francis (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution hr. (Specify whether years, months or days)
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Franklin
(c) City or town: Moselle Mo Rural (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

36 0 0

3. (a) PRINT FULL NAME: ROSE ACCOLA
3. (b) If veteran, name war
3. (c) Social Security No.
4. Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: F. William ACCOLA
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: 11 (Month) 12 (Day) 1876 (Year)
8. AGE: Years 66 Months 10 Days 3 If less than one day hr. min.
9. Birthplace: Bavaria (City, town, or county) Germany (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business
MOTHER FATHER
12. Name: Valentine Vierheilig
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: F. William Accola
(b) Address: Moselle Mo
17. (a) (Burial, cremation, or removal) PARK LAWN Cem (b) Date thereof (Month) 10 (Day) 8 (Year) 43
(c) Place: burial or cremation
18. (a) Signature of funeral director: Casey & Deuser
(b) Address: St Clair Mo
19. (a) 10/5/43 (Date received local registrar) Lucile Ruether Brook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 4 year 1943 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from 10-4, 1943 to 10-4, 1943 that I last saw he alive on 10-4, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Food Poisoning	1 day
Due to: Food Contamination — Cause Uncertain	
Due to:	
Other conditions: Myocarditis (Include pregnancy within 3 months of death)	

Major findings: Of operations 177 Of autopsy 13

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: 10-2-43 0.36
(c) Where did injury occur? Moselle (City or town) Franklin (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm home (Specify type of place)
While at work? No (e) Means of injury: Food poison
23. Signature: F. M. Denny (M.D. or other)
Address: Union Mo Date signed 10-5-43

1181

(Licensed Embalmer's Statement on Reverse Side)

NOV 30 1943

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 Jno. L Thiebes

Licensed Embalmer No. 3008

P. O. Address Pacific M

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.