

2
42
-39
32875

LED NOV 12 1943

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 599

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
521 Wall
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 (Specify whether
 In this community 60 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 521 Wall
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country. - - -

3. (a) PRINT FULL NAME Louisa Anna Roos

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

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

6. (b) Name of husband or wife August Roos 6. (c) Age of husband or wife if alive - - years

7. Birth date of deceased November 6 1855
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>11</u>	<u>18</u>	hr. min.

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

10. Usual occupation At Home

11. Industry or business None

12. Name Capt. Chas. Seitz

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

14. Maiden name Caroline Gotthold

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

16. (a) Informant Mrs. Ella T. Seitz

(b) Address 1018 Orner, Carthage, Mo.

17. (a) Burial (b) Date thereof Oct. 27, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) 10-26-43 (b) Justine Seitz
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 24 day 24
 year 1943 hour 7:30 minute M.

21. I hereby certify that I attended the deceased from Oct. 17, 1943, to Oct. 23, 1943
 that I last saw her alive on Oct. 23 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration

Due to 8:30

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 Charles E. Coates MD (M.D. or other)

Address 306 Union St Joplin Date signed 10-26-43

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

43-10-930

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.....

Emm L. Stuef

Licensed Embalmer No.....

391

P. O. Address.....

Carthage

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.