

No. 2
M-2-43
5-17-39
X35997

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35489

State File No.

FILED NOV 15 1943

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 318

1. PLACE OF DEATH:

(a) County Pettis

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

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

(d) Length of stay: In hospital or institution 2 weeks 0
(Specify whether
In this community Six weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 027

(c) City or town Otterville--Rural 0
(If outside city or town limits, write "RURAL.")

(d) Street No. 4 Miles East of Otterville 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME William Henry Rosler

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13
year 1943 hour 1 minute 10 M.

21. I hereby certify that I attended the deceased from
9-30- 1940 to 10-13 1943
that I last saw him alive on 10-13- 1943
and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased January 18 1856
(Month) (Day) (Year)

Immediate cause of death Asphyxia ✓

Due to

Due to

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

8. AGE: Years Months Days If less than one day
87 87 8 25 hr. min.

9. Birthplace Booneville Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business

MOTHER FATHER { 12. Name Casper Rosler

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

14. Maiden name Eva Kirchner

15. Birthplace Germany 11
(City, town, or county) (State or foreign country)

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? no (Specify type of place) (e) Means of injury

23. Signature Wm. H. Mowbray (M. D. or other)
Address 111 W 19 Sedalia Mo Date signed 10-13-43

16. (a) Informant Mrs. E. J. Kahrs

(b) Address 628 East 16, Sedalia Mo

17. (a) Removal (b) Date thereof 10-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director Jessie L. Richard

(b) Address Tipton Missouri

19. (a) 10-13-43 (b) Mrs. Anna Berge
(Date received local registrar) (Registrar's signature)

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

10
6
4

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 11-2-43

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 me

..... Registered Apprentice No.....

working under my personal supervision.

Signed Jameel E. Richard

Licensed Embalmer No. 2466

P. O. Address Tipton 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.

Registration District No. 274 Primary Registration District No. 3052

1. PLACE OF DEATH

(a) County Pettis
(b) City or town Sedalia
(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
years, months or days)

3. (a) PRINT FULL NAME Wm Harry Roeker

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

4. Sex M 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

7. Birth date of deceased Jan 18 1880
(Month) (Day) (Year)

8. AGE: Years 87 Months 8 Days 1 If less than one day, min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13 year 1943 hour 11 minute 30 M.

21. I hereby certify that I attended the deceased from 11-13-43 to 11-13-43, 1943; that I last saw him alive on 11-13-43 and that death occurred on the date and hour stated above; immediate cause of death respiritis Duration 2 hrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1318

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?

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

23. Signature Wm H. Roeker (M. D. or other) Address 111 W 4th Date signed 11-12-43

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

SUPPLEMENTARY

MOTHER FATHER

35489