S. No. 2
M—9-4-41
5-17-39
I 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

State File No. 41726

Registration District No. FILED JAN 5 1942 Primary Registration District No. 1000 Registrar's No. 1400

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp. No 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 years 2 mts 9 d
In this community 26 years 2 mts 9 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town R. 6
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROSENA C. SOMERS
3. (b) If veteran, name war Unk
3. (c) Social Security No. Unk
4. Sex Fem
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unk (Month) Unk (Day) 1867 (Year)

8. AGE: Years 76 Months Unk Days Unk If less than one day hr. min.

9. Birthplace Mo unknown (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
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 Mrs Jennie Wyman
(b) Address 2318 Madison K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/43 (Month) (Day) (Year)
(c) Place: burial or cremation State Hosp. No 2 Beatrice
18. (a) Signature of funeral director Beaton & Holt
(b) Address St Joseph Mo
19. (a) 12-17-43 (Date received local registrar) (b) Rose Hazen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14th year 1943 hour 1 minute A.M.
21. I hereby certify that I attended the deceased from Dec 2d. 1943 to Dec. 14th 1943 that I last saw her alive on Dec. 14 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho Pneumonia	11 days
Due to Parenchymatous Nephritis	
Due to 131	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
(b) autopsy Large Fibroid Uterus Pneumonia Broncho both lungs	

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

23. Signature H. Dinham MD (M. D. ~~or other~~)
Address 5th & Hoe W 2 Date signed 12/14/

1235 (Licensed Embalmer's Statement on Reverse Side) Joseph

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 not Embalm

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

working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St Joseph 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.