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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1944

Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 34685

Primary Registration District No. 9040

Registrar's No. 129

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

1. PLACE OF DEATH: (a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chillicothe 912 Walnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 4 months (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County Livingston
(c) City or town Chillicothe (If outside city or town limits, write "RURAL") 59
(d) Street No. 912 Walnut (If rural, give location) 1 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Ada B Romeiser
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Philip F Romeiser
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Jan (Month) 31 (Day) 1863 (Year)

8. AGE: Years 81 Months 9 Days 16 If less than one day hr. min.

9. Birthplace Moorsville (City, town, or county) MO (State or foreign country)
10. Usual occupation At Home
11. Industry or business —
MOTHER FATHER
12. Name Shelton A Brock
13. Birthplace Mt Sterling (City, town, or county) Ky (State or foreign country)
14. Maiden name Mary E Moore
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant Mary R Mansur
(b) Address Chillicothe Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21 44 (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood Cem
18. (a) Signature of funeral director James D Gordon
(b) Address Chillicothe Mo
19. (a) Oct 21 (Date received local registrar) (b) Lou Ella Cozzy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19th year 1944 hour 10 minute 20 A.M.
21. I hereby certify that I attended the deceased from April 20 1944 to Oct 19 1944 that I last saw he alive on 10-19-1944 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinoma Stomach
Due to
Due to 46 lb
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

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) None
(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 Stanley Barney (M. D. ~~or other~~) 1944
Address Chillicothe Mo Date signed 10-20-1944

41-8

(Licensed Embalmer's Statement on Reverse Side)

FEB 7 1950

MAR 4 1946

MAY 12 1949

APR 4 1957

## 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 James D Gordon

Licensed Embalmer No. 1870

P. O. Address Lewiston Me

**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.**