S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25179

State File No.

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 116

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution:
538 East Yerby St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 6 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Marshall 1
(If outside city or town limits, write "RURAL")

(d) Street No. 538 East Yerby 12
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rosa Lee Oster

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 Married

6. (b) Name of husband or wife Dave Oster

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Feb. 19 (Month) 1875 (Day) (Year)

8. AGE: Years 70 Months 5 Days 17 If less than one day hr. min.

9. Birthplace Sweet Springs (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business " "

FATHER
12. Name John Ramsey
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Rosa Jones
15. Birthplace Butler (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs Gus Alkey
(b) Address Marshall, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/2/45 (Month) (Day) (Year)
(c) Place: burial or cremation Hazel Grove Cemetery

18. (a) Signature of funeral director J. Leslie Sweeney
(b) Address Marshall Mo.

19. (a) 8-2-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

12x5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1945 hour 12 ~~[illegible]~~ min 20 P M.

21. I hereby certify that I attended the deceased from June 1st, 1945, to July 31, 1945
that I last saw her alive on July 31, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	1 wk.
Due to Senility	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature G. Cammerer (M. D. ~~or other~~)
Address Marshall Mo Date signed 8-1-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 8-8-40

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 J. Leslie Sweeney

Licensed Embalmer No. 3234

P. O. Address Marshall, 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.