

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 163

Primary Registration District No. 3231

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town DeSoto
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
East Main 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 60 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town DeSoto
(If outside city or town limits, write "RURAL")
(d) Street No. East Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Joseph Felix Rozier

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

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

6. (b) Name of husband or wife Mignon Primm 6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased May 25, 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 8 If less than one day hr. min.

9. Birthplace St. Genevieve Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Ret. Air Man

11. Industry or business Mo. Pac. Shoos, DeSoto

12. Name Louis J. Rozier

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

14. Maiden name Harriet Cole

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

16. (a) Informant Jack K. Rozier

(b) Address Ferguson, Mo

17. (a) Burial (b) Date thereof Oct. 6, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeSoto, Mo. (City)

18. (a) Signature of funeral director Lee Mothershead

(b) Address DeSoto, Mo.

19. (a) 10-10-45 (b) Fern Spencer
(Date received local registrar) (Registrar signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3
year 1945 hour 9 minute P M.

21. I hereby certify that I attended the deceased from Oct 3, 1945 to Oct 3, 1945
that I last saw him alive on Oct 3, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac asthma, myocarditis, chronic rheumatic

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy.....

Duration yr

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) Means of injury 2

23. Signature J. P. Rygel Date signed 10/3/45

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

MOTHER, FATHER

50
2
2

387

10/3/45

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 10-21-45

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 _____

Licensed Embalmer No. 3531

P. O. Address W. D. M.

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.