

No. 2
4-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

9014

State File No.

FILED APR 6 1946
Registration District No. 166

Primary Registration District No. 3020

Registrar's No. 26

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Washington
(c) Name of hospital or institution: St. Francis Hospital
(d) Length of stay: In hospital or institution 3 weeks
In this community 73 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Washington
(d) Street No. 703 W. 7th St.
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Ida Marie Ronsick.
3. (b) If veteran, name war X
3. (c) Social Security No. X

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband Frederick Ronsick
6. (c) Age of husband deceased
7. Birth date of deceased July 3rd, 1872

8. AGE: Years 73 Months 7 Days 29

9. Birthplace Krakow, Missouri

10. Usual occupation House-work

11. Industry or business X

MOTHER FATHER
12. Name Dietrich Bueter
13. Birthplace Unknown, Germany
14. Maiden name Anna Marie Watermann
15. Birthplace Unknown, Unknown

16. (a) Informant Emil Ronsick
(b) Address Washington, Mo.

17. (a) Burial (b) Date thereof Mar. 4, 1946
(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director
(b) Address Washington, Mo.

19. (a) (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd, year 1946 hour 3:00 minute 50 A.M.

21. I hereby certify that I attended the deceased from Jan 21, 1946 to Mar 2, 1946 that I last saw her alive on March 1, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction, Diabetes, mellitus, fracture of left hip

Due to: Myocardial infarction, Diabetes, mellitus, fracture of left hip
Due to: ...
Other conditions: ...

Major findings: Of operations
Of autopsy
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. If death was due to external causes, 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?

23. Signature Dr. J. W. Mays (M. D. or other)
Address 211 or 4th, Washington, Mo. Date signed 3-2-46

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

26-1/2

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 4-5-46

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 A. M. Meiburg

Licensed Embalmer No. 7387

P. O. Address Washington, 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.

State File No. April
Registrar's No. 26

Registration District No. 116

Primary Registration District No. 3020

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington
(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 Ida M. Roussick

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days _____ If less than one day _____ yr. _____ min.

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

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) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (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 _____
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

Notes: Death was great solely due to the fall which occurred while trying to get on commode. He had lost his grip on the ship which resulted in a fall.

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

Major findings: Contributory
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) Fall accident

(b) Date of occurrence Feb 5, 1946

(c) Where did injury occur Washington Franklin Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

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

23. Signature Frank P. Mays M.D. (M. D. or other) _____

Address Washington, Mo Date signed 4-17-46

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

SUPPLEMENTARY

MOTHER FATHER

7942

9014