

FILED NOV 25 1947

Registration District No. **121**

Primary Registration District No. **4200**

Registrar's No. **9**

1. PLACE OF DEATH:

(a) County **Argene**  
(b) City or town **Ash Grove Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(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 **1**  
In this community **For Years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Argene 39**  
(c) City or town **Ash Grove Mo**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **0**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Corman Rozell**

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

4. Sex **Male 0** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Lucile Rozell**  
6. (c) Age of husband or wife if alive **36** years  
7. Birth date of deceased **11 20 1903**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**43 11 20** hr. min.

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

10. Usual occupation **Merchant**

11. Industry or business

MOTHER FATHER { 12. Name **James Rozell**  
13. Birthplace **Mo** (City, town, or county) (State or foreign country)  
14. Maiden name **Malisia Joffis**  
15. Birthplace **Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Lucile Rozell**  
(b) Address **Ash Grove, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11 15 47**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Ash Grove Mo**

18. (a) Signature of funeral director: **Morris-Leiman**  
(b) Address **Ash Grove Mo**

19. (a) **11/18/47** (Date received local registrar) (b) **Dr. H. R. Wilson** (Regist. or signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **12** year **1947** hour **9** minute **2** a.m.

21. I hereby certify that I attended the deceased from **Nov - 12** 19**47** to **Nov. 12** 19**47**  
that I last saw him alive on **Nov 12 -** 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**  
Duration **1 hr.**

Due to **unknown**

Due to

Other conditions **unknown**  
(Include pregnancy within 5 months of death)

Major findings: Of operations **0**  
Of autopsy **0**  
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) (e) Means of injury

23. Signature **Dr. Charles H. Wilson** (M. D. or other) **MD**  
Address **Ash Grove, Mo** Date signed **11/14/47**

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

RECEIVED

Greene County Health Office,

County File Number 47-11-89

Date Filed 11-24-47

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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 Maude D. Morris

Licensed Embalmer No. 2055

P. O. Address Ash Grove 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.**