

No. 10-47
5-17-39
P I 3908

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31953

FILED NOV 8 1948

Registration District No. 15

Primary Registration District No. 5069

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Rural Lamar Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
At Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 1 year
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Rural Route 3
(If outside city or town limits, write "RURAL")

(d) Street No. Route 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dewitt W. Rozell

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October Day 26
year 1948 hour 1:30 minute _____ P. M.

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced, widower Divorced widower

6. (b) Name of husband or wife Minnie B. Jones

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

7. Birth date of deceased October 14 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from once
Oct 11, 1948 to _____, 19____
that I last saw him alive on Oct. 11, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 0 Days 12
If less than one day _____ hr. _____ min.

Immediate cause of death Paralysis Agitans years _____
Duration _____

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

Due to _____
Due to _____

10. Usual occupation Farmer

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

Major findings:
Of operations gpc

11. Industry or business _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name James B. Rozell

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

14. Maiden name Nancy Jackson

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

16. (a) Informant Virgil Rozell

(b) Address Lamar, Mo.

17. (a) Removal (b) Date thereof Oct. 29, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Protem, Mo.

18. (a) Signature of funeral director Chiles Funeral Home

(b) Address Lamar, Mo.

19. (a) OCT 29 1948 (b) Marie Koranyi
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury _____

23. Signature H.M. Arnold (M. D. or other) _____
Address 1010 Mill Lamar, Mo. Date signed Oct 29 '48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1248-1258

Date Filed 11-6-48

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, ~~by~~.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Clarence H. Chiles.....

Licensed Embalmer No. 3473.....

P. O. Address Lama, 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.