

FILED MAR 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3762

Registrar's No. 13

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 5023

1. PLACE OF DEATH
 a. COUNTY Aitchison Co.
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rock - Part mo. Rural
 c. LENGTH OF STAY (in this place) _____
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
 a. STATE Missouri b. COUNTY Aitchison
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rock Part mo. (rural)
 d. STREET ADDRESS (If rural, give location) 0030

3. NAME OF DECEASED
 a. (First) Mennen b. (Middle) E K Ken c. (Last) Rosenbom

4. DATE OF DEATH (Month) (Day) (Year)
Feb. 13 1950

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH Jan - 28 / 1865

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.
84 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Farmer

11. BIRTHPLACE (State or foreign country)
Hanover

12. CITIZEN OF WHAT COUNTRY?
Germany

13a. FATHER'S NAME
E K Ken Rosenbom

13b. MOTHER'S MAIDEN NAME
Annie Luken

14. NAME OF HUSBAND OR WIFE
deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Anthony M. Rosenbom Rock Part mo

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
4 Mo.
794X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/29/1949, 8/13/1950, that I last saw the deceased alive on 2/10/1950, and that death occurred 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
G.A. Reutter M.D. Sr. Dr. Reutter

23b. ADDRESS
Rockport, Mo.

23c. DATE SIGNED
Oct 16 '50

24a. BURIAL, CREMATION, REMOVAL (Specify)
burial

24b. DATE
Feb. 16 1950

24c. NAME OF CEMETERY OR CREMATORY
Hunter Cemetery

24d. LOCATION (City, town, or county) (State)
Rock - Part mo MD

DATE REC'D BY LOCAL REG.
Feb 16 50

REGISTRAR'S SIGNATURE
Betty Crabtree

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
B. B. Burtman Rockport Mo

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



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 *By me*

Student Embalmer No.

working under my personal supervision.

Signed *J. B. Bertram*
Licensed Embalmer No. 4024

Signed
Student Embalmer

P. O. Address *Rock Port 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.