

S. No. 2  
1-1-4-41  
7-5-17-39  
X-26390

2517

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 5 1942

Registration District No. 770

Primary Registration District No. 5567

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Lincoln Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 10 mi. south of Golden City  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No. (Specify whether)  
In this community 71 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Rural Lincoln Township  
(If outside city or town limits, write "RURAL")  
(d) Street No. 10 mi. S. Golden City  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME

Rosella Erwin

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Dec day 21 year 1941 hour 8 minute 45 P. M.

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

21. I hereby certify that I attended the deceased from Dec. 19 - 1941 to Dec. 21 - 1941 that I last saw her alive on Dec. 21 - 1941 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Virgil Erwin 6. (c) Age of husband or wife if alive 22

Immediate cause of death. Duration

7. Birth date of deceased Feb. 19 1846 (Month) (Day) (Year)

Due to Chronic Valvular Heart Disease

8. AGE: Years 95 Months 10 Days 4 If less than one day hr. min.

Due to

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation House wife

Major findings: Of operations 938

11. Industry or business Home

Of autopsy

12. Name William Meyers

22. If death was due to external causes, fill in the following:

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

(a) Accident, suicide, or homicide (specify)

14. Maiden name Nancy Meyers

(b) Date of occurrence

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

(c) Where did injury occur? (City or town) (County) (State)

16. (a) Informant Andrew Erwin (b) Address Golden City, Mo. Rt. # 1

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

17. (a) Burial (b) Date thereof 12/23/41 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Oscar L. Marsh (b) Address Aurora, Missouri

23. Signature J. A. Hope (M. D. or other) Address Golden City, Mo. Date signed 12-23-41

19. (a) Jan. 17, 1942 (b) Clara E. Carns (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

1167

42-1-1166

RECEIVED

District Health Officer No. 6,

District File Number \_\_\_\_\_

Date Filed JAN 13 1947

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.

*Myself*

Signed *Forest Klipper*

Licensed Embalmer No. 4226

P. O. Address *Quinn, 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.