

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23151
 Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773
 (b) Township St. Francois Primary Registration District No. 6018A Registered No. 109
 (c) City Near Farmington or (d) Street No. State Hospital No. 4 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hazel J. Rosener

(a) Residence, No. Crystal City, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Rosener

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-18-1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 10 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) April 1938
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Bonne Terre, Missouri

13. NAME Marion Daugherty

14. BIRTHPLACE (CITY OR TOWN) Cape County Missouri

15. MAIDEN NAME Rebecca Calvert

16. BIRTHPLACE (CITY OR TOWN) Old Mines Missouri

17. INFORMANT Joseph Rosener
 (ADDRESS) Crystal City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crystal City, Mo. DATE 7-9 1939

19. FUNERAL DIRECTOR (NAME) Gentry R. Politte
 (ADDRESS) Crystal City, Mo.

20. FILED July 2, 1939 B. J. Robinson
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-1 1939

22. I HEREBY CERTIFY That I attended deceased from 8-25 1938 7-1 1939

I last saw or alive on 7-1 1939 at 12:40p Death is said to have occurred on the date stated above, at 7-1 1939 m.
 The principal cause of death and related causes of importance were as follows:

① Chronic Myocarditis, Rheumatic in Origin
 ② Epilepsy with Psychosis
 Other contributory causes of importance: Bronchopneumonia, terminal
 Date of onset ?
1921
6/30/39

Name of operation None Date of None
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) C. C. Ault, M. D.

(Address) Farmington, Mo.
699

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Gentry R. Pauter....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Gentry R. Pauter

Licensed Embalmer No.....

3481

P. O. Address.....

Crystal City - 7

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, above space should be left blank.