S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4155

Registration District No. 274 — Primary Registration District No. 6018B — Registrar's No. 1011

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Esther
(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 ____ (Specify whether years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Francois
(c) City or town Esther 94
(If outside city or town limits write "RURAL")
(d) Street No. Rural 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JAMES HENRY ROSENER
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Dec (Month) 16 (Day) 1940 (Year)

8. AGE: Years 0 Months 0 Days 23 If less than one day ____ hr. ____ min.

9. Birthplace Esther (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business ____

MOTHER FATHER
12. Name Henry Rosener
13. Birthplace St Francois Co (City, town, or county) Missouri (State or foreign country)
14. Maiden name Virginia M. Rankstad
15. Birthplace St Francois Co (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Henry Rosener
(b) Address Esther Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10. 1941 (Month) (Day) (Year)
(c) Place: burial or cremation St Joseph's Cemetery
18. (a) Signature of funeral director Beckham Funeral Co
(b) Address 913 Beckham Bonne Terre Mo
19. (a) 1-10-41 (Date received local registrar) (b) O B Farrar MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9
year 1941 hour 3 minute 15A M.

21. I hereby certify that I attended the deceased from Jan 7, 1941 to Jan 9, 19XX; that I last saw her alive on Jan 9, 19XX; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hepatitis	
Due to Probable malignancy and infection?	
Due to ____	
Other conditions (Include pregnancy within 3 months of death) ____	
Major findings: Of operations ____	
Of autopsy none	

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)
While at work? ____ (e) Means of injury ____

23. Signature Otto Hughes (M. D. or other)
Address Fleur Bonne MO Date signed 1-14-41

(Licensed Embalmer's Statement on Reverse Side)

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 C. J. Clayville

Licensed Embalmer No. 3706

P. O. Address Bourne Iowa

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.