

JAN 25 1941 678

Registration District No. _____

Primary Registration District No. **5904**

Registrar's No. _____

1. PLACE OF DEATH

(a) County **Phelps,**
(b) City or town **Rosati, Missouri**
(c) Name of hospital or institution: **None.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **Life time** years, months or days **20**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **Phelps.**
(c) City or town **Rosati,**
(If outside city or town limits, write "RURAL")
(d) Street No. **X**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME **Sam Ederatti.**

3. (b) If veteran, name war **X** 8. (c) Social Security No. _____

4. Sex **Male.** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Julia Ederatti.** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **October, 1st, 1901.**
(Month) (Day) (Year)

8. AGE: Years **39** Months **2** Days **19** If less than one day hr. min.

9. Birthplace **Rosati, Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Railroad workman.**

11. Industry or business _____
12. Name **Gabriel Ederatti.**

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

14. Maiden name **Fiorinda Ederatti.**

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

16. (a) Informant **Domènica Ramona**

(b) Address **Rosati, Missouri**

17. (a) **Burial** (b) Date thereof **12-23-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rosati, Mo**
Our of Normal

18. (a) Signature of funeral director **James Missouri**

(b) Address _____
19. (a) **12/20/40** (b) **Elmer Bork**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December,** day **20th**
year **1940** hour **8** minute **15** A.M.

21. I hereby certify that I attended the deceased from **December 19/ 1940** to **December 20/ 1940**
that I last saw him alive on **December 19/ 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Bacteraemia** Duration **20 hrs**

Due to _____
Due to _____

Other conditions **Hypertension Vascul** **2 years**
(Include pregnancy within months of death)

Major findings **Hypertrophy of heart** PHYSICIAN _____
Of operations _____

Of autopsy _____
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) (e) Means of injury _____

23. Signature **W. J. James** (M. D. certificate) **1**

Address **St. James** Date signed **12-20-40**

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 47509

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 678

Primary Registration District No. 5904

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town James T. P.
(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 _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Sam Ederatti

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 M

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) _____ (Day) _____ (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

20. DATE OF DEATH: Month Dec day 20 year 1940 hour _____ minute _____ M.

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

Immediate cause of death Acute Gastritis Duration _____

Due to Gastroenteritis probably

Due to 120 P

Other conditions Hypertension renal
(Include pregnancy within 3 months of death)
Hypertrophy of Heart

Major findings: _____
Of operations _____

Of autopsy _____

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 _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

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

Registration District No. 678

Primary Registration District No. 5904

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Polk
(b) City or town James Twp
(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
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sam Ederatti
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Dec day 20
year 1940 hour _____ minute _____ M.

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year
7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

Immediate cause of death: _____ Duration _____

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr _____ min.
39 2 19

Due to _____
Due to _____

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

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

10. Usual occupation _____

Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name _____
13. Birthplace: (City, town, or county) _____ (State or foreign country) Italy
14. Maiden name _____
15. Birthplace: (City, town, or county) _____ (State or foreign country) Italy

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? _____

16. (a) Informant _____ (b) Address _____

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

17. (a) _____ (b) Date thereof: (Month) _____ (Day) _____ (Year) _____
(Burial, cremation, or removal) _____ (Place: burial or cremation) _____

23. Signature Elice B. Hoover (M. D. or other) _____
Address James Twp _____

18. (a) Signature of funeral director _____ (b) Address _____
19. (a) 6-17-41 (b) _____ (Date received local registrar) _____ (Registrar's signature)

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

MOTHER FATHER

SUPPLEMENTARY

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