FILED MAY 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14939

Registration District No. 427 Primary Registration District No. ~~4253~~ 5587 Registrar's No. 19

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

1. PLACE OF DEATH:
(a) County Johnson
(b) ~~City or town~~ Holden Rural Madison
(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 Missouri (b) County Johnson 51
(c) ~~City or town~~ Holden Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1½ miles North of Holden 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME Teresa Rossi Morettini
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Angelo T. Morettini
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased April (Month) 13 (Day) 1858 (Year)

8. AGE:	Years	Months	Days	If less than one day
	83		8	— hr. — min.

9. Birthplace 5 Italy (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business —
MOTHER FATHER
12. Name Unknown
13. Birthplace 9 Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace 9 Unknown (City, town, or county) (State or foreign country)
16. (a) Informant A. J. Morettini
(b) Address Kingsville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 24-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Calvary-Holden Mo
18. (a) Signature of funeral director T W Goodman
(b) Address Holden Mo
19. (a) ~~Day~~ Apr 23-41 (Date received local registrar) (b) Mrs G V Redford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1941 hour 6:00 minute 40 A.M.
21. I hereby certify that I attended the deceased from Jan 2, 1937, to April 22, 1941; that I last saw her alive on April 21, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to	
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? 3 88 (Specify type of place)
While at work? (e) Means of injury

23. Signature Kelly Rawlins (M. D. or other) 0
Address Holden Mo Date signed 4/24/41

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 8

District File Number 6-12-41

Date Filed

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 Samuel B. Ropes.

Licensed Embalmer No. 4044

P. O. Address Holden, Ms.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Items #3a,9,12,13,14,15,16 amended by affidavit of great grandson, verified by St. Patrick Church records, Holden MO and Ponte di Lego City Italy census records from 1890 9/28/07 art

FILED MAY 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14939

Registration District No. 127 Primary Registration District No. ~~[illegible]~~ 5587 Registrar's No. 19

1. PLACE OF DEATH:
(a) County Johnson
(b) ~~City or town~~ Holden Rural ~~Madison~~ Tp
(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) Maria Teresa Rossi Moretine

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson 51
(c) City or town Holden Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1½ miles North of Holden
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME Teresa Rossi Morettini

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Angelo T. Morettini

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased April (Month) 13 (Day) 1858 (Year)

8. AGE: Years 83 Months Days 8 If less than one day — hr. — min.

9. Birthplace Ponte di Legno, 5 Italy
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business —

FATHER
12. Name Pietro Marlino Rossi ~~Unknown~~
13. Birthplace Ponte di Legno, 9 Italy ~~Unknown~~
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ~~Unknown~~ Caterina Coatti
15. Birthplace Vione, Italy 9 ~~Unknown~~
(City, town, or county) (State or foreign country)

16. (a) Informant Anthony John Moretine
(b) Address Kingsville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 24-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Calvary - Holden Mo

18. (a) Signature of funeral director T M Goodman
(b) Address Holden Mo

19. (a) Day Apr. 3-41 (Date of [illegible]) (b) [illegible] Redford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1941 hour 6:00 minute 40 A.M.

21. I hereby certify that I attended the deceased from Jan 2, 1937, to April 22, 1941, that I last saw her alive on April 21, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 93 F

Due to

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? 388 (e) Means of injury

23. Signature Kelly Rawlins (M. D. or other) 9
Address Holden Mo Date signed 4/24/4

Corrected
copy