

FILED SEP 3 1941

Registration District No. 1108

Primary Registration District No. 5988

Registrar's No. 2

1. PLACE OF DEATH:

(a) County REYNOLDS
(b) City or town HADLEY (RURAL)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Webb Two
(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)

3. (a) PRINT FULL NAME JOHN ANDREW ROSA

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased: June 13 1940
(Month) (Day) (Year)

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

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

10. Usual occupation Infant

11. Industry or business.....

12. Name Ernest Oliver Rosa
13. Birthplace Ellington Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Edith Carter
15. Birthplace Hadley Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Oliver Rosa
(b) Address Hadley Mo.

17. (a) Burial (b) Date thereof Mar 23 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Patton Cem.

18. (a) Signature of funeral director Norman W. Dish

(b) Address Widmont Mo.

19. (a) 8-27-41 (b) T. O. Siles M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County REYNOLDS
(c) City or town HADLEY RURAL
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 22
year 1941 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from 2/20 1941 to 2/22 1941;
that I last saw him alive on 2/22 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration 1

Due to.....

Due to 107

Other conditions (Include pregnancy within 3 months of death)

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 F. P. Siles (M. D. or other) 0
Address Ellington Mo. Date signed 2/24/41

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

X26390

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 _____

Licensed Embalmer No. 3387

P. O. Address Piedmont 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.