

S. No. 2
OM-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11759

ED MAR 16 1943

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Van Horn
(b) City or town Washburn, Jan Dip
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 3 Nevada, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 yrs, 8 mo, 5 dgs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Morgan 05
(c) City or town Glensted
(If outside city or town limits, write "RURAL")
(d) Street No. Union
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FERDINAND F. ROSA.

3. (b) If veteran, name war 3. (c) Social Security No. None

4. Sex Male 5. Color or race Wht 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 Jan 12 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 0 21 hr. min.

9. Birthplace 59th
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name FRITZ ROSA
13. Birthplace 9 Union
(City, town, or county) (State or foreign country)
14. Maiden name Union
15. Birthplace Union 9
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records
(b) Address Nevada Mo
17. (a) Burial (b) Date thereof Feb 4 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stark, Mo.

18. (a) Signature of funeral director Ellen V. Boyer
(b) Address Nevada Mo.
19. (a) 2-2-43 (b) Boyer B. Boyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2nd
year 1943 hour 6 minute 20 P.M.
21. I hereby certify that I attended the deceased from Sept
1939, to Feb 2nd 1943
that I last saw him alive on Feb 2nd 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Due to
Due to
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 G. S. Wersch (M. D. or other)
Address Nevada Date signed 2/2/43

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

1381

1331

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

SECRET NO. 71
2-43-30
3-5-43

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 Allen E. Hays
Licensed Embalmer No. 1968
P. O. Address Nevada 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.