

No. 2  
5-42  
17-39  
X32873

**FILED MAR 27 1944**

Registration District No. **13**

Primary Registration District No. **5055**

Registrar's No. **12**

**1. PLACE OF DEATH:**  
 (a) County **Barry**  
 (b) City or town **Rural**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **1**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community **50 yrs** years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo.** (b) County **Barry**  
 (c) City or town **Pierson City, Rural**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Frank J. Roschitz**  
**3. (b) If veteran,** name war **no**  
**3. (c) Social Security** No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Feb.** day **4** year **1944** hour **3** minute **40 P.** A.M.

**4. Sex** **M** **5. Color or race** **W.**  
**6. (a) Single, widowed, married, divorced** **Married**  
**6. (b) Name of husband or wife** **Josephine Roschitz**  
**6. (c) Age of husband or wife if alive** **58** years  
**7. Birth date of deceased** **Feb. 3 - 1886**  
 (Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** **24** to **Feb 4** that I last saw him alive on **Feb 2** and that death occurred on the date and hour stated above.

**8. AGE:** Years **64** Months **0** Days **1** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Bronchial Pneumonia** Duration **10 days**

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

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

**10. Usual occupation** **Farmer**

Other conditions (Include pregnancy within 3 months of death) **107**

**11. Industry or business** **own farm**

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

**12. Name** **Theresa Roschitz**

Of autopsy \_\_\_\_\_

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

**14. Maiden name** **Mont**

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

**16. (a) Informant** **Ed - Roschitz**

**(b) Address** **Pierson City, Mo.**

**17. (a) Burial** (b) Date thereof **Feb. 7 - 1944**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Polaskisville, Mo.**

**18. (a) Signature of funeral director** **R. H. Polaskisville**

**(b) Address** **Monette - Mo.**

**19. (a) Feb 7 - 1944** (b) **Adna Mulbrough**  
 (Date received local registrar) (Registrar's signature)

**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** **J. W. Baldwin** (M. D. or other) **2-8-44**  
 Address **Pierson, Mo.** Date signed \_\_\_\_\_

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

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

RECEIVED

District Health Officer No. 6,

District File Number 344-406

Date Filed 3-25-44

**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

*L. H. Blauenship*

Licensed Embalmer No. 2397

P. O. Address Monett, 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.**