N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D FEB 23 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1706
Do not use this space.

3

1. PLACE OF DEATH
(a) County Buchanan Registration District No. 85
(b) Township Washington Primary Registration District No. 1001 Registered No. 125
(c) City St Joseph (d) Street No. 711 Edmond St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 232 Billy Rositsky
(a) Residence, No. 2609 Fredrick Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Orbalee
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 14th. 1892
7. AGE: Years 46 | Months 11 | Days 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph Mo.

FATHER
13. NAME: Herman Rositsky
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia.

MOTHER
15. MAIDEN NAME: Dora Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia.

17. INFORMANT (ADDRESS): Mrs. Orbalee Rositsky 2609 Fred. Ave St Joseph, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: Shaare Sholem DATE: Feb. 6th 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): FLEEMAN & SON, INC. 1946 Calhoun St. Joseph Mo
20. FILED: Feb 6 1939 A. J. Nesselebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 4th. 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb, 4th, 1939 to ....., 19.... Viewed
~~I last saw him alive on~~ ....., 19.... Death is said to have occurred on the date stated above, at 6:10 P.m.
The principal cause of death and related causes of importance were as follows:

Homicide by Knife Wound,

Date of onset

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Other contributory causes of importance: none

Name of operation ..... Date of .....
What test confirmed diagnosis? History Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Homicide Date of injury 2/4, 1939
Where did injury occur? St Joseph, Mo, (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place
Manner of injury Knife wound
Nature of injury Penetrated heart

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) B. W. Tadlock Coroner M. D.
(Address) King Hill Bldg,

(Licensed Embalmer's Statement on Reverse Side)

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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, Mo

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

If this body is not embalmed, above space should be left blank.