

FILED FEB 16 1942 744

Registration District No.

Primary Registration District No. 3025

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Paul

(b) City or town Richmond Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Richmond Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 wks
(Specify whether)

In this community U
years, months or days

3. (a) PRINT FULL NAME HETTIE LEE ROSINA

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex D 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank Rosina

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Jan 1895
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 6 If less than one day hr. min.

9. Birthplace Bedford Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Natka Blauenski

13. Birthplace Bedford Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Blauenski

15. Birthplace Bedford Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wersh (Sister)

(b) Address Levinston Rd

17. (a) Removal (b) Date thereof Jan 14 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Levinston Mo

18. (a) Signature of funeral director W. J. Miller

(b) Address Levinston Mo

19. (a) Jan 15 1942 (b) Chas W. Shipp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Levinston Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Country Club Road
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14th
year 1942 hour 8 minute 50 M.

21. I hereby certify that I attended the deceased from Dec 20, 1941, to Jan 14, 1942, that I last saw h. al alive on Feb 14, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Swell

Due to Swelling of brain

Due to

Other conditions 30
(Include pregnancy within 3 months of death)

Major findings: 30
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?

While at work? (Specify type of place) (e) Means of injury 7760

23. Signature H. M. Goffitt (M. D. or other)
Address Richmond Mo Date signed 2/15/42

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

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 2-12-42

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. 2983

P. O. Address Leungton, 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.