

FILED MAR 10 1943
Registration District No. 185

Primary Registration District No. 5692

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Meadville Parson Creek Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 x
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x (Specify whether
In this community 20 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Meadville
(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 0

3. (a) PRINT FULL NAME Jessie Rosetta

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

4. Sex female 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 _____ years

7. Birth date of deceased October 9, 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Defiance Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Joe Heck

13. Birthplace Defiance Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Wells

15. Birthplace Defiance Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant E. D. Heller

(b) Address Meadville Mo

17. (a) Burial (b) Date thereof Feb. 4, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Meadville cemetery

18. (a) Signature of funeral director Smiley Funeral Home
(b) Address Wheeling Mo

19. (a) Feb. 4, 1943 (b) Mrs. Uiria Rowland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year 1943 hour 10:45 minute P M.

21. I hereby certify that I attended the deceased from 12-23-42 to 2-2-43 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Chronic

Due to _____
Due to _____

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

Major findings: Of operations 93d
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) (a) Means of injury _____

23. Signature E. J. Weir (M. D. or other) _____
Address Meadville Mo Date signed _____

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

5 3 9

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 self

....., Registered Apprentice No.....
working under my personal supervision.

Signed Frank P. Smiley

Licensed Embalmer No. 470

P. O. Address Wheeling 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.