

FILED JUN 24 1943

Registration District No. 555

Primary Registration District No. 5555

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

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1. PLACE OF DEATH:

(a) County Lancaster

(b) City or town Mount Vernon  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 days  
(Specify whether years, months or days)

In this community 25 days

3. (a) PRINT FULL NAME William Roso

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Florence Piazza

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased August 17 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 9 0 hr. \_\_\_\_\_ min.

9. Birthplace unknown Italy  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John Roso

13. Birthplace unknown Italy  
(City, town, or county) (State or foreign country)

14. Maiden name Matilde Costina

15. Birthplace unknown Italy  
(City, town, or county) (State or foreign country)

16. (a) Informant F. Michael, Record Clerk

(b) Address Mo. State San. Mount Vernon

17. (a) Burial (b) Date thereof 5-20-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rozatti, MO

18. (a) Signature of funeral director L. K. Klier, Funeral Home

(b) Address St. James, MO

19. (a) 5-21-43 (b) Andy [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17  
year 1943 hour 5 minute 37 P.M.

21. I hereby certify that I attended the deceased from April 23, 1943, to May 17, 1943  
that I last saw him alive on May 17, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Duration over 3 yrs.

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN

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

Of autopsy Pulmonary tuberculosis

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 \_\_\_\_\_

23. Signature J. B. Stotter (M. D. or other) \_\_\_\_\_  
Int. Vernon, MO  
Address \_\_\_\_\_ Date signed 5/17/43

RECEIVED

District Health Officer No. 6,

District File Number 643-708

Date Filed JUN 22 1943

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.....

*me*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Charles E. Licklider*

Licensed Embalmer No. 3546

P. O. Address St James mo

JUN 30 1943

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.