

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
629 Jaccard
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 629 Jaccard
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nathan S. Rosenberg
3. (b) If veteran, name war _____ 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 Rosa Rosenberg 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April 12, 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 9 If less than one day hr. _____ min.

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

10. Usual occupation Merchant

11. Industry or business _____

12. Name No Record

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rosa S Rosenberg

(b) Address 629 Jaccard Pl.

17. (a) Burial (b) Date thereof 2-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hurlbut Urd. Co.

(b) Address Joplin, Missouri

19. (a) 2-22-44 (b) Arthur D. Sudhoffer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20
year 1944 hour 7:45 A. M. minute _____

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him Did not see him alive and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension

Due to _____
Other conditions (Include pregnancy within 3 months of death) 83a!

Major findings: Of operations _____
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 work) (2) Means of injury Car
23. Signature A. Webster (M. D. or other) _____
Address Carthage, Mo. Date signed 2-22-44

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

MOTHER FATHER

42-2-172

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.....

Terry K. Hurlbut

Licensed Embalmer No.....

959
John H. H.

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.