

FILED NOV 20 1944

Registration District No. 2

Primary Registration District No. 6191

27

1. PLACE OF DEATH:

(a) County Ganey
(b) City or town Nalmitshade Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jersey Army
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Nalmitshade Mo. Rural
(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 _____

3. (a) PRINT FULL NAME Henry Rosenberger

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Matilda Rosenberger 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased May 5 1862
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 5 If less than one day
hr. _____ min. _____

9. Birthplace Jurich Switzerland 5
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Maulder

11. Industry or business _____

MOTHER FATHER
12. Name Ernest Rosenberger 5
13. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)
14. Maiden name Fischer Emma
15. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Reynolds
(b) Address Nalmitshade Mo. Rural

17. (a) Buried (b) Date thereof Aug 13 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Schubert Cemetery
18. (a) Signature of funeral director J. B. Cheffert
(b) Address Ozark Mo.

19. (a) Sept 16/44 (b) Mary Mueller
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10
year 1944 hour 12-10 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 1942 to Aug 10 1944
that I last saw him alive on July 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart disease
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) None

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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. H. Hade (M. D. or _____)
Address Ozark Mo. Date signed 8-11-44

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

RECEIVED

District Health Officer No. 6,

District File Number 1144-1149

Date Filed NOV 14 1944

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.....

T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address.....

Clark 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.