

Registration District No. **373**

Primary Registration District No. **4544**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Webster
 (b) City or town Niangua
(If outside city or town limits, write "RURAL" and name of town)
 (c) Name of hospital or institution: Schlicht Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 9-1-'46 to 2-4-'47 (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME John Rotar
3. (b) If veteran, name war x
3. (c) Social Security No. 374-056679

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 4
 year 1947 hour 7 minute 30 A.M.

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced, or unknown Single
6. (c) Age of husband or wife if alive x years
7. Birth date of deceased December-25-1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE:
 Years 64 Months 1 Days 9 If less than one day x hr. x min.

Immediate cause of death _____
 Duration _____

9. Birthplace Gornj Hotic-Jugo Slavia
(City, town, or county) (State or foreign country)

Due to Stomach

10. Usual occupation Painter

Due to _____

11. Industry or business x

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

12. Name Anton Rotar

Major findings: Of operations HoB

13. Birthplace Jugo-Slavia
(City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name Yozefa Orcek

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

15. Birthplace Jugo-Slavia
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Anton Potokar

(a) Accident, suicide, or homicide (specify) _____

(b) Address Conway, Missouri

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 2-7-47
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Where did injury occur? _____
(City or town) (County) (State)

(c) Place: burial or cremation Feed

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(a) Signature of funeral director Ray Farnley

While at work? _____ (Specify type of place)
 (a) Manner of injury _____
 (b) Cause of injury _____

(b) Address Marshfield, Missouri

23. Signature W. Schlicht (M. D. or other) _____
 Address Niangua Date signed 2/8/47

(c) Date 2/10/47 (b) J. J. McInerney
(Date received from registrar) (Registrar's signature)

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

RECEIVED
APR 15 1947

District Health Officer No. 6,

District File Number 247-230

Date filed FEB 17 1947

JUN 2 1947
JUN 2 1947
JUN 2 1947

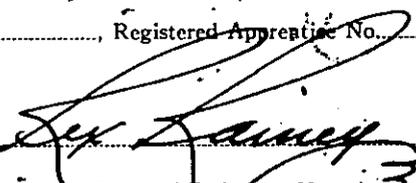
STATEMENT BY LICENSED EMBALMER

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. 3312

P.O. Address: Marah, July 11

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.