

**FILED MAY 20 1947**  
Registration District No. **223**

Primary Registration District No. **4335**

Registrar's No. **6**

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

1. PLACE OF DEATH:

(a) County **Moniteau**

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

(c) Name of hospital or institution: **None** /  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau** **68**

(c) City or town **Tipton** **2**  
(If outside city or town limits, write "RURAL")

(d) Street No. **None** **0**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country **Native**

3. (a) PRINT FULL NAME **Anna Zoe Rosenhan**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow** /

6. (b) Name of husband or wife **Antus Rosenhan**

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

7. Birth date of deceased **April, 5th, 1869**  
(Month) (Day) (Year)

8. AGE:

| Years     | Months      | Days     | If less than one day |
|-----------|-------------|----------|----------------------|
| <b>78</b> | <b>XX 1</b> | <b>2</b> | br. min              |

9. Birthplace **Bonnets, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **Phelix Boonot** **5**

13. Birthplace **Paris, France**  
(City, town, or county) (State or foreign country)

14. Maiden name **Lucina Pinet**

15. Birthplace **France** **5**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Victor Rosenhan**

(b) Address **Jefferson City, Mo**

17. (a) Burial **I.O.O.F. Cem. Tipton, Mo**  
(Burial, cremation, or removal) (b) Date thereof **5/9/47**  
(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director **James E. Richards**

(b) Address **Tipton, Mo**

19. (a) **5-9-47** (Date received local registrar)

(b) **Mrs. Maud Hudson** (Registrar's signature) **303**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **7th**  
year **1947** hour **7** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **Nov. 25**, 19**46** to **19**.....  
that I last saw h.e. alive on **May 6**, 19**47**.....  
and that death occurred on the date and hour stated above.

Immediate cause of death

**Cardiac insufficiency**  
Due to **acute regurgitation**  
Due to **senility**

Other conditions (include pregnancy within 3 months of death)

Major findings: **927**

Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (Specify type of place) Means of injury **0**

23. Signature **J. F. Potts** (M. D. or other)

Address **Tipton Mo** Date signed **5/7/47**

RECEIVED  
District Health Officer No. 9,  
District File Number  
5-19-47

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 Jewell E. Richards  
Licensed Embalmer No. 2466  
P. O. Address Lipton, 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.