. S. No. 2
DM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 1 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30868

Registration District No. 1100 Primary Registration District No. 4182 Registrar's No. 46

1. PLACE OF DEATH:
(a) County: Franklin
(b) City or town: New Haven New
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Franklin
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 10 miles south New Haven
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Rosa Lee STELSER
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: Wht
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Wm STELSER
6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: 7 (Month) 3 (Day) 1891 (Year)

8. AGE: Years 56 Months 2 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace: JAPAN (City, town, or county) MO (State or foreign country)
10. Usual occupation: HOUSE WIFE
11. Industry or business:
FATHER
12. Name: LOUIS FRITCH
13. Birthplace: Austria (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Johanna STROHARD
15. Birthplace: FRANKLIN (City, town, or county) (State or foreign country)
16. (a) Informant: Wm Stelser
(b) Address: New Haven Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Port Hudson
18. (a) Signature of funeral director: [illegible]
(b) Address: New Haven Mo
19. (a) Sept 21-47 (Date received by local registrar) Jeffie Gaumann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 19th year 1947 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 7/28/44, 1944, to September 19, 1947; that I last saw her alive on 8/4, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	Died Immediately
Due to: Arteriosclerosis with hypertension	Don't know
Due to:	
Other conditions (Include pregnancy within 3 months of death): 94th	
Major findings: Of operations: no operation	
Of autopsy: no 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? (e) Means of injury

23. Signature: B. P. Gesenmann (M. D. or other) MD.
Address: New Haven, Mo Date signed: 9/20/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 9-30-47

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 Earl Fertig

Licensed Embalmer No. 3385

P. O. Address Yeurlbaven 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.