DEC 5 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38825
Do not use this space.

1. PLACE OF DEATH
(a) County Cape Girardeau
(b) Township Hubble
(c) City
Registration District No. 126
Primary Registration District No. 51743
Registered No. 14
(d) Street No. , St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Albert Julius Rose
(a) Residence, No. Gordonville Mo RFD St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Freda Bodenstine.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 25 1887
7. AGE: Years 51 Months 7 Days 12 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Co Missouri

FATHER
13. NAME Julius Rose
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Co Missouri

MOTHER
15. MAIDEN NAME Gusta Haupt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Co Missouri

17. INFORMANT Mrs Albert Rose
(ADDRESS) Gordonville Mo R.F.D. #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Zion Lutheran Cemetery DATE Nov 22 1938

19. FUNERAL DIRECTOR (NAME) McCombs Funeral Co
(ADDRESS) Jackson Mo.

20. FILED 11/22 1938 Mrs W. W. Ford Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1938

22. I HEREBY CERTIFY, That I attended deceased from —, 19..., to —, 19...
I last saw him — alive on Oct 2nd 1938. Death is said to have occurred on the date stated above, at 3:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
D E R Bricken Coroner of Cape Co after viewing the inside of the house and consulting the Dr. learned that the Deceased Albert A Rose Came to his death by	

Other contributory causes of importance:
Heart Attack

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.
(Signed) E. R. Bricken Coroner, M.D.
(Address) Jackson Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

(Licensed Embalmer's Statement on Reverse Side)

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, ...

B A Meyer, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed B A Meyer

Licensed Embalmer No. 3057

P. O. Address Jackson 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, above space should be left blank.