

637 JUN 20 1939

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

18780
Do not use this space.

1. PLACE OF DEATH

(a) County Howard Registration District No. 978
(b) Township Richmond Primary Registration District No. 5526 Registered No. 82
(c) City (d) Street No.
(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

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Mae 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kate S. Rose.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/4th 1854
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 0 I

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.
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.....

FATHER

12. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) 0

13. NAME Willis O. Rose 1

14. BIRTHPLACE (CITY OR TOWN) Virginia, (STATE OR COUNTRY) 1

MOTHER

15. MAIDEN NAME Mary Flemming.

16. BIRTHPLACE (CITY OR TOWN) Virginia, (STATE OR COUNTRY)

17. INFORMANT Flora Heberling, (ADDRESS) Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonesborro, DATE 5/6th 1939, 19

19. FUNERAL DIRECTOR (NAME) Guy T. Halley. (ADDRESS) Fayette, Mo.

20. FILED June 6 1939 V. C. Bonham Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4th 1939, 19
22. I HEREBY CERTIFY, That I attended deceased from January 36, 1936, to May 4, 1939.
I last saw him alive on May 2, 1939. Death is said to have occurred on the date stated above, at 7:00 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 1936
Other contributory causes of importance: 978C
Senility

Name of operation None Date of
What test confirmed diagnosis? Phosphorus Was there an autopsy? No

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? No
If so, specify Mr. J. Shaw, M. D.
(Signed) Fayette, Mo. (Address) 338

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6/27/89

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.....

P. O. Address.....

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.