JAN 11 '40

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

42850
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, / Registration District No. 85
(b) Township / Primary Registration District No. 001 Registered No. 1331
(c) City St. Joseph, (d) Street No. St. Joseph's Hospital, 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. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ida May Rose,
(a) Residence, No. St. 2½ Mi. S.W. Faucett, Mo.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sam Steele,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan'y 20, 1884
7. AGE: Years 55 | Months 11 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan County, Missouri,

FATHER
13. NAME: William C. Rose, O
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Page County, / Iowa, O

MOTHER
15. MAIDEN NAME: Haney Frances Bush,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan County, Missouri,

17. INFORMANT: Mrs. Haney F. Rose
(ADDRESS) Faucett, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Turner Cem. DATE Dec. 29th, 1939
19. FUNERAL DIRECTOR (NAME) Heaton-Belzer-Bauman
(ADDRESS) 319 So. 10th. Str. Funeral Home
20. FILED Dec 27, 1939 H. J. Mettlehand
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27th, 1939
22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1939, to Dec. 27, 1939
I last saw her alive on Dec. 27, 1939. Death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of gall bladder with rupture and generalized peritonitis	12-24-39
Other contributory causes of importance: Paralytic Ileus	12-25-39

Name of operation Ileostomy + drainage Date of 12-27-39
What test confirmed diagnosis? Operation 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
(Signed) Cabran Worthy, M. D.
(Address) 415 Corby Bldg., St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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, 12-27-39

....., or by .....

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

Signed Wm. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So 10th St Joseph

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.