

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

43255
Do not use this space.

1. PLACE OF DEATH

(a) County Saugus Registration District No. 1075
 (b) Township Lincoln Primary Registration District No. 5381
 (c) City Lynnville Mo (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 James Lennie Oneil Rose

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 1937

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>1</u>	<u>4</u>	<u>28</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) Little Beaver Mo (STATE OR COUNTRY)

FATHER	13. NAME <u>James Rose</u>	0
	14. BIRTHPLACE (CITY OR TOWN) <u>Calo</u> (STATE OR COUNTRY)	1
MOTHER	15. MAIDEN NAME <u>Uonica Fitzgerald</u>	0
	16. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)	

17. INFORMANT James Rose (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Stilling DATE 12-19 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) _____

20. FILED Jan 9 1940 J. D. Aird Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-18 1938 to 12-19 1938
 I last saw him alive on 12-19 1938. Death is said to have occurred on the date stated above, at 4:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Acute Pyelitis
Acute Broncho Pneumonia
 Date of onset _____

Other contributory causes of importance:
Marginal Embolus 1938

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? Yes
 If so, specify M.C. Denton _____, M. D.
 (Signed) _____
255 (Address) Anna Mrs.

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.

Dr. M. C. Gentry

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.