

STANDARD CERTIFICATE OF DEATH

State File No. **28283**

Registration District No. **203**

Primary Registration District No. **4122**

Registrar's No. **22**

FILED SEP 16 1940

1. PLACE OF DEATH:

(a) County CLAY  
 (b) City or town SOUTHVILLE, MO.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: SMITHVILLE COMMUNITY HOSPITAL  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 Days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME GILBERT ERSKIN ROSE *207*

3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife GRACE STRANGE 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased. OCT. 13 1884  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>9</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace. HARRODSBURG KENTUCKY  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER  
 { 12. Name GEORGE ROSE  
 { 13. Birthplace KENTUCKY  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name UNKNOWN  
 { 15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature MRS. GRACE ROSE

(b) Address ROLIVAR, MO. R.F.D.

17. (a) BURIAL (b) Date thereof 8-12-'40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH, K.C. MO.

18. (a) Signature of funeral director J. B. McConar

(b) Address Smithville Mo.

19. (a) 8-12-1940 (b) E. C. Hill  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County \_\_\_\_\_  
 (c) City or town BOLIVAR, R.F.D.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 11 day Aug  
 year 1940 hour 3 minute 15 a.m.

21. I hereby certify that I attended the deceased from Aug 4, 1940, to Aug 11, 1940;  
 that I last saw he alive on Aug 11, 1940;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Carcinoma Rectum  
 Due to (Operation)

Due to \_\_\_\_\_  
 Other conditions 46  
(Include pregnancy within 3 months of death)

533  
 Major findings: Carcinoma rectum  
 Of operations \_\_\_\_\_  
 Of autopsy Peritonitis  
cardiac failure

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature E. C. Hill (M. D. or other) \_\_\_\_\_  
 Address Smithville Mo Date signed 8-11-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 9-18-40

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. ~~2303~~  
working under my personal supervision.

Signed S. A. McComas  
Licensed Embalmer No. 2303  
P. O. Address Smithville, 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.