

19
JAN 17 1941
Registration District No. **405**

Primary Registration District No. **4239**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Alba
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 66 years _____ (Specify whether)
years, months or days _____

8. (a) PRINT FULL NAME At Rose, Geo. A.

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle Jane Rose 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 11 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 10 3 _____ hr. _____ min.

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

10. Usual occupation Retired Butcher & Miner

11. Industry or business _____

12. Name L. O. Rose

13. Birthplace Quincy, Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Lara Ann Rose

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Jane Rose

(b) Address Alba, Mo.

17. (a) Burial (b) Date thereof Dec 16 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Kneel Mortuary

(b) Address Carthage, Missouri

19. (a) 12-16-40 (b) Effie Green
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Alba
(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 Dec day 14
year 1940 hour 10 minute 15 a.m.

21. I hereby certify that I attended the deceased from Sept 19, 1939
_____ 19____, to Dec 14 1940

that I last saw him alive on Dec 14 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Posthemorrhagic Anemia

Due to Pulmonary hemorrhages

Due to Pulmonary Tuberculosis

Other conditions _____

(Include pregnancy within 5 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? _____

367 (Specify type of place) _____
While at work? (e) Means of injury _____

23. Signature Alba M. D. or other _____

*Address Alba Date signed 12-15-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

John D. Batchelder

Licensed Embalmer No. *46153*

P. O. Address *Carthage, 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.