

S. No. 2
-11-10-39
5-17-39
X21492

FILED - JUN 20 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18215
Registrar's No. 31

Registration District No. 441

Primary Registration District No. 4259

1. PLACE OF DEATH:

(a) County Knott
(b) City or town Edina
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME THOMAS WIYAND ROSE

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

4. Sex MO 5. Color or race W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 27 1898
(Month) (Day) (Year)

8. AGE: Years 52 Months 5 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Benton Twp Knott Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter & Painter

11. Industry or business _____

12. Name Henry Rose
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Dora Dunning
15. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Rose
(b) Address Edina Mo

17. (a) Burial (b) Date thereof May 30 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old Catholic Ch

18. (a) Signature of funeral director Paula Kriegshausen
(b) Address Edina Mo

19. (a) May 30 1941 (b) Martha M. Smith
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knott
(c) City or town Edina
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1941 hour 11:50 minute P M.

21. I hereby certify that I attended the deceased from 5-25 1941 to 5-28 1941;
that I last saw him alive on 5-28 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Traumatic Epilepsy 3 days
Occipital by fall 5-25-41
Due to Epileptic seizures since
Sunstroke & injury in 1917 by
Due to car accident

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: none performed
Of operations _____
Of autopsy none performed

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?
1917 injury on farm while hay ing.
While at work? yes (Specify type of place) _____
(e) Means of injury _____
23. Signature Judith T. Schmitt (M.D. or other) M.D.
Address Edina Mo Date signed 5-29-41

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

RECEIVED

District Health Officer No. 10

District File Number 6-41-1204

Date Filed JUN 19 1941

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 Paul C. Kriegshauser

Licensed Embalmer No. 4085

P. O. Address Edina, Minn.

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.