

FILED MAY 20 1942

Registration District No.

Primary Registration District No. 1

Registrar's No. 138

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: S. B. Baldwin St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Livonia
(If outside city or town limits, write "RURAL")
(d) Street No. RFD
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Enoch McDonald Rose

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 Widowed

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

7. Birth date of deceased March 31 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 1 4 hr. _____ min.

9. Birthplace Putnam County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name Benjamin Rose
13. Birthplace DK Va.
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Johnson
15. Birthplace Putnam County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Lane
(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 5/6/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rose Cent. Graysville

18. (a) Signature of funeral director Leavis Funeral Home
(b) Address Kirksville, Mo.

19. (a) 5/9/42 (b) Mrs. D. Wayne
(Date received at local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th
year 1942 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 19 1942 to May 3 1942; that I last saw him alive on May 3 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation
Due to Rheumatic heart disease
Due to Rheumatoid arthritis 4 mos.

Other conditions... (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration: _____
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? _____

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

23. Signature H. N. Egerton (M. D. or other) MD
Address Kirksville, Mo. Date signed 5-7-42

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

133

1049

RECEIVED

District Health Officer No. 10

District File Number 5-42-1136

Date Filed MAY 19 1942

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 Keith Collier

Licensed Embalmer No. 3632

P. O. Address Kuberville, 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, fact should be so stated above.