

FILED AUG 11 1942  
Registration District No. 352

Primary Registration District No. 4517

Registrar's No. 30

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

1. PLACE OF DEATH:

(a) County TANEY  
(b) City or town BRANSON  
(c) Name of hospital or institution: Home  
(d) Length of stay: In hospital or institution... All LIFE  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TANEY  
(c) City or town BRANSON  
(d) Street No. 03  
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME JENNIE DICKEY ROSE

3. (b) If veteran, name war. NO  
3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife ZEBARISTAN ROSE  
6. (c) Age of husband or wife if alive DEAD years 23

7. Birth date of deceased DECEMBER 23 1869  
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 30  
If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name LYNN

13. Birthplace OREGON COUNTY OREGON  
(City, town, or county) (State or foreign country)

14. Maiden name MARY ROOMAN

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

16. (a) Informant EDWARD ERNI  
(b) Address SULLIVAN, MO

17. (a) BURIAL (b) Date thereof  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation BRANSON, MO

18. (a) Signature of funeral director Minnie J. Whitchel  
(b) Address Branson Missouri

19. (a) Aug 4, 42 (b) Mary Muller  
(Date relative local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12  
year 1942 hour 3:45 minute 9 M.

21. I hereby certify that I attended the deceased from July 9 to July 12 1942  
that I last saw her alive on July 12 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: APOPLEXY AND RESPIRATORY FAILURE

Due to CHRONIC MYOCARDITIS

Due to CHRONIC NEPHROSIS

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

Major findings: Of operations NONE

Of autopsy NONE

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO  
(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 Paul E. Roberts (M. D. or other) J.D.O.  
Address Branson, MO Date signed 7/12/42

Duration 1 HOUR  
SINCE I FIRST ATTENDED HER 1941  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 842-1058

Date Filed AUG 10 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 Minnie L. Whidell

Licensed Embalmer No. 2277

P. O. Address Branon, 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.**