

FILED SEP 16 1942

State File No.

Registrar's No. 3314

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(c) Name of hospital or institution: 800 East Armour Blvd.
(d) Length of stay: In hospital or institution 1 year
In this community 1 year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(d) Street No. 800 East Armour Blvd.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: W. L. Fred T. Rose

(b) If veteran, name war: no (c) Social Security No. 111-09-7969

4. Sex: Male (5. Color or race: white) (6. (a) Single, widowed, married, divorced: married
(b) Name of husband or wife: Mathie A. Rose (c) Age of husband or wife if alive: 51 years
7. Birth date of deceased: January 5, 1884

8. AGE: Years 58 Months 9 Days 2

9. Birthplace: Mandeville, Mo.

10. Usual occupation: Salesman

11. Industry or business: Paper Machine Co.

12. Name: Caleb C. Rose

13. Birthplace:unk

14. Maiden name: Emma C. Shirley

15. Birthplace:unk

16. (a) Informant: Mrs. Mathie A. Rose

(b) Address: 800 East Armour Blvd.

17. (a) Burial (b) Date thereof: 9/9/42

(c) Place of burial or cremation: Bogard, Mo.

18. (a) Signature of funeral director: John D. Worth, Funeral Home

(b) Address: 823 Armour, N. H. C. Mo.
(c) Date received: 9/7/42 (d) Registrar's signature: M. M. Crowe

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7 year 1942 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from Feb 1942 to Sept 7 1942 that I last saw him alive on Aug 5 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Heart block
Due to: Chronic fibrous myocarditis
Coronary atherosclerosis
Diabetes
Other conditions: 9315

Major findings: Of operations: Of autopsy: prints 2 & 3 above

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?:
(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: Travis B. L... (M. D. or other) M.D.
Address: 924 P... Date signed: 9-7-42

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

36!

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 *Bless E. Hodges*.....

Licensed Embalmer No. *2729*.....

P. O. Address *North N.C. 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.