

ADD 28 1948
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 265

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town SPRINGFIELD
(c) Name of hospital or institution: 1915 BENTON
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE
(c) City or town Springfield
(d) Street No. 1915 BENTON
(e) Citizen of foreign country? NO
If yes, name country _____

3. (a) PRINT FULL NAME NATHANIEL D. H. ROSE

3. (b) If veteran, name war WORLD WAR 3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 2
year 1943 hour 5 minute 00 A. M.

21. I hereby certify that I attended the deceased from 3-31-43 to 4-2-43
that I last saw him alive on 4-2-43
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced. MARRIED
6. (b) Name of husband or wife BLANCHE ROSE 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased JULY 20 1892
(Month) (Day) (Year)

Immediate cause of death Acute Myocarditis Duration 3 wks.

8. AGE: Years 50 Months 8 Days 12 If less than one day _____ hr. _____ min.

Due to Hypertensive Heart Disease 5:6 mo.
Due to _____

9. Birthplace WRIGHT CO MO.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 93d

10. Usual occupation R.R. CAR WORKER

11. Industry or business FRISCO R.R. CAR MAN

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name JOHN PHILIP ROSE

13. Birthplace Unknown UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name NAZ PHIA WODE

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

16. (a) Informant Blanche Rose

(b) Address Springfield, Mo.

17. (a) Funeral (b) Date thereof April 4, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of funeral director J. H. Klingner & Co.

(b) Address Springfield, Mo.

19. (a) 43-43 (b) or W. H. Hurdley
(Date received local registrar) (Registrar's signature)

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 J. H. Klingner MD (M. D. or other) _____
Address Springfield, Mo. Date signed _____

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

39
2
6

APR 28 1943

MAY 5 1943

SEP 2

NOV 17 1943

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.....

J. Klingner

Licensed Embalmer No. 3358

P. O. Address. Springfield, 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.