

FILED
AUG 10 1943

Registration District No. 113

Primary Registration District No. 5430

1. PLACE OF DEATH:
(a) County Franklin, Mo.
(b) City or town Rural - Saint Clair, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Central Township
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Saint Clair, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Central Township
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Melbourne Australia

3. (a) PRINT FULL NAME HENRY HOLLIST ROSE
(b) If veteran, name war _____ (c) Social Security No. 60

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 17th
year 1943 hour 2 minute 15 A.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Mary Rose (c) Age of husband or wife if alive 33 years
7. Birth date of deceased June 7 - 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 17th to July 17th, 1943, that I last saw him alive on July 16th, 1943, and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 1 Days 10 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage with complete Hemiplegia left side
Duration 2 days

9. Birthplace Melbourne Australia (City, town, or county) (State or foreign country)

Due to _____
Due to _____

10. Usual occupation Accountant

Other conditions (Include pregnancy within 3 months of death) Chronic Endo-myocarditis ?
+ Arteriosclerosis
Major findings: _____
Of operations: _____

11. Industry or business _____
12. Name Alexander Rose
13. Birthplace London England (City, town, or county) (State or foreign country)
14. Maiden name Mary Delaney
15. Birthplace Pilot Knob Mo (City, town, or county) (State or foreign country)

PHYSICIAN 938
Underline the cause to which death should be charged statistically.

16. (a) Informant Mary Adelaide Rose
(b) Address Saint Clair, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial
18. (a) Signature of funeral director Shirwood Fitchell
(b) Address St. Clair, Mo.
19. (a) July 19 1943 (Date received at local registrar) (b) P. J. Tonger (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? _____ (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) (c) Means of injury _____
23. Signature C. F. Biegler, M.D. (M. D. or other) _____
Address St. Clair, Mo. Date signed July 17/43

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

006

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..... *Sherwood W. Kitchell*

Licensed Embalmer No. *3873*

P. O. Address..... *St. Clair, 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.