

Registration District No. 173

Primary Registration District No. 5430

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Rural Central
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(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 years-

3. (a) PRINT FULL NAME Mary Delaney Rose

3. (b) If veteran, name war _____

3. (c) Social Security No. no

4. Sex female

5. Color or race w

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Henry H. Rose

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 15 - 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 00 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Pilot Knob, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation FI - Home -

11. Industry or business _____

12. Name John Delaney

13. Birthplace Ireland -
(City, town, or county) (State or foreign country)

14. Maiden name Bridget - W. Prude

15. Birthplace Ireland -
(City, town, or county) (State or foreign country)

16. (a) Informant Mary A. Rose

(b) Address St. Clair, Mo.

17. (a) Burial (b) Date thereof 8-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home - Louis Post -

18. (a) Signature of funeral director Harwood Kitchell

(b) Address St. Clair, Mo.

19. (a) Aug. 6 1943 (b) P. J. King, Sr.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo - (b) County Franklin

(c) City or town Rural -
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. Central 10 Ave. S. E. -
(If rural, give location)

(e) Citizen of foreign country? no - (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5th
year 1943 hour 8: minute 10 P. M.

21. I hereby certify that I attended the deceased from March
twentieth 1943 to Aug - 5th 1943
but I last saw her alive on August first 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Osteo-myelitis
and gangrene of foot
(spontaneous)

Duration five months

Due to _____

Due to _____

Other conditions Incontinence
(Include pregnancy within 3 months of death) 1 wk.

Major findings:
Of operations _____

Of autopsy 15482

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 C. F. Bringle, M.D. (M. D. or other)
Address St. Clair, Mo. Date signed Aug 6/43

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

MOTHER FATHER

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..... *Shemond 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.