

FILED FEB. 14 1944

Registration District No. **120**

Primary Registration District No. **4197**

Registrar's No. **2**

1. PLACE OF DEATH:
 (a) County **Lentz**
 (b) City or town **Stamberg**
 (c) Name of hospital or institution:
 (If outside city or town limits, write "RURAL" and name of township)
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **4 years**
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO** (b) County **Lentz**
 (c) City or town **Stamberg**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **S. High St**
 (If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME **HARVEY A ROSE**
3. (b) If veteran, name war **NO**
3. (c) Social Security No. **491-10-6968**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **24** year **1943** hour **3** minute **A** M.
21. I hereby certify that I attended the deceased from **December 24** 19**43**, to **Dec 24** 19**43**
 that I last saw him alive on **Dec 24** 19**43** and that death occurred on the date and hour stated above.
 Immediate cause of death **Angina pectoris**

4. Sex **Male** **5. Color or Race** **W**
6. (a) Single, widowed, married, **2 divorced widowed**
6. (b) Name of husband or wife **Elma Rose**
6. (c) Age of husband or wife if alive **11** years
7. Birth date of deceased: **Oct 11 1878**
 (Month) (Day) (Year)

Due to **Influenza + old age**
 Due to
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations
 Of autopsy

8. AGE: Years **65** Months **2** Days **13**
 If less than one day hr. min.

9. Birthplace **Monty Co. Mo**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Rail Clerk & waiter**

11. Industry or business **Cafe**

12. Name **Andrew J. Rose**

13. Birthplace **Ind. 1**
 (City, town, or county) (State or foreign country)

14. Maiden name **William J. Lewis**

15. Birthplace **Ind. 1**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Earl Howard**

(b) Address **Stamberg, MO**

17. (a) Burial (b) Date thereof **12/26/43**
 (Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation **Stamberg, MO**

18. (a) Signature of funeral director **W. H. Phillips**

(b) Address **Stamberg, MO**

19. (a) Home N. Webster (b) (c) (d)
 (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? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 (Specify type of place) (e) Means of injury
 While at work?
23. Signature **W. H. Phillips** (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)
Address **Stamberg, MO** **Date signed** **12/28/43**

MOTHER FATHER

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

Jan 4 - 1944 1102 (Licensed Embalmer's Statement on Reverse Side)

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

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.....

Lester F. Phillips

Licensed Embalmer No. *1898*

P. O. Address *Stoungton, 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.