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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 19 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3757

State File No. _____

Registration District No. 245

Primary Registration District No. 5836

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution:
NEOSHO TWP. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 1/2 years
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 93

(a) State Mo. (b) County Newton

(c) City or town GRANBY, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Roscoe Rose

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1943 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased UNKNOWN 1881
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months ✓ Days ✓ If less than one day _____ hr. _____ min.

Immediate cause of death No physician had been in attendance probably died of Bronchopneumonia Duration

Due to _____

9. Birthplace UNKNOWN Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

12. Name Steve Rose

13. Birthplace UNKNOWN Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

Major findings: 107

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant COUNTY HOSPITAL

(b) Address NEOSHO, Mo.

17. (a) BURIAL (b) Date thereof 12-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GRANBY CEMETERY

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? _____

18. (a) Signature of funeral director Chas. W. Williams

(b) Address Goodman, Mo.

19. (a) 12-31-1943 (b) Corey Thompson
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Dr. J. J. Coroner (M. D. or other)

Address Neosho, Mo. Date signed _____

1110

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-10-44
District Health Officer No. _____
District File Number 1243-257
Date Filed 1-10-44

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 _____

Mariellen Williams Pickett, Registered Apprentice No. _____
working under my personal supervision.

Signed Mariellen Williams Pickett
Licensed Embalmer No. 4166
P. O. Address Goodman, 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.