

FILED AUG 11 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 124756

Registration District No. 32

Primary Registration District No. 3021

Registrar's No. 283

1. PLACE OF DEATH:

(a) County Gentry
 (b) City or town Trenton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Home 1569 Carno St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Some years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry
 (c) City or town Trenton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1569 Carno St
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME GEORGE EDWARD ROSE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Elva Rose 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased May 27 1895
 (Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Hastings Mich.
 (City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business Fred Harvey

12. Name Perry Rose

13. Birthplace Don't Know A
 (City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know A
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. Rose

(b) Address 1569 Carno St

17. (a) Burial (b) Date thereof July 24 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation North Lawn Trenton

18. (a) Signature of funeral director Superior Funeral Home

(b) Address 1314 Cedar St. Trenton

19. (a) 7-24-44 (b) E. J. Roberts
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
 year 1944 hour _____ minute 50 P.M.

21. I hereby certify that I attended the deceased from about
Apr 15 1944 to July 21 1944
 that I last saw him alive on July 21 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Barcinoma of Stomach Duration 1 yr

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) H6 P

Major findings: Of operations _____

Of autopsy _____

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)

Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Month of injury _____

23. Signature E. O. Duffey (M. Doctor or other) _____

Address Trenton Mo Date signed July 27 44

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

SEP 22 1944

SEP 18 1944

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 *Nesley H Bradford*

Licensed Embalmer No. *4370*

P.O. Address.....

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.