V. S. No. 2
00M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1944

Registration District No. 2[illegible]

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25458

Primary Registration District No. 3053

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Phelps

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

(c) Name of hospital or institution: Nellie McFarland Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2½ Hours (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81

(c) City or town Rolla 2
(If outside city or town limits, write "RURAL")

(d) Street No. 204 E. 7th Street 2
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Frank Rose

3. (b) If veteran, name war —

3. (c) Social Security No. 488-18-9433

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Maude Stout Rose

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased August (Month) 17 (Day) 1888 (Year)

8. AGE: Years 55 Months 11 Days 7 If less than one day hr. min.

9. Birthplace Wichita (City, town, or county) Kans (State or foreign country)

10. Usual occupation Shoe Cutter

11. Industry or business Shoe Factory

FATHER
12. Name John W. Rose
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Rose
(b) Address 204 E 7th Rolla, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-25-44 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove - St. Louis, Mo

18. (a) Signature of funeral director Alfred J. Smith
(b) Address Rolla, Mo.

19. (a) 7-25-44 (Date received local registrar) (b) J. Ellis Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1944 hour 4 minute BOP M.

21. I hereby certify that I attended the deceased from July 23, 1944, to July 24, 1944; that I last saw him alive on July 24, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Strangulated Hernia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] M.D.

Address 617 Pine Rolla Date signed July 25 1944

1042

(Licensed Embalmer's Statement on Reverse Side)

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 J. H. Hollow

Licensed Embalmer No. 3643

P. O. Address Cuba, 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.