V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23806

FILED AUG 1 1945

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 167

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

26
5
4

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 620-W-Main 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louis R. Posey
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 Ruth
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Sept (Month) 27 (Day) 1903 (Year)

8. AGE: Years 41 Months 9 Days 29 If less than one day hr. min.

9. Birthplace Linn (City, town, or county) Mo (State or foreign country)
10. Usual occupation Water Co. Employee
11. Industry or business Capital City Water Co.
FATHER
12. Name Peter R. Rose
13. Birthplace Osage County Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Annie Burkuff
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs. Ruth Posey
(b) Address 620-W-Main J.C. Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28 1945 (Month) (Day) (Year)
(c) Place: burial or cremation California, Mo
18. (a) Signature of funeral director Tanner Service
(b) Address 700 Jefferson
19. (a) 7-30-45 (Date received local registrar) (b) Thirma Richter (Registrar's signature)

-22
-2-45

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1945 hour 7 minute 40 M.
21. I hereby certify that I attended the deceased from March 1945 to July 27 1945
that I last saw him alive on July 26 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema
Decompensated Heart
Due to Essential Hypertension
Due to Nephritis Subacute
Other conditions Hydronephrosis Right
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 950

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 J. G. Bruce (M. D. or other) MA
Address Jefferson City Mo Date signed 7-28-45

(Licensed Embalmer's Statement on Reverse Side)

AUG 28 1945

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.

AUG 20 1945

Signed.....

Licensed Embalmer No. 3641

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.