

BUREAU OF THE CENSUS
FILED DEC 8 1945

STANDARD CERTIFICATE OF DEATH

State File No. 37705

Registration District No. 167

Primary Registration District No. 4256

Registrar's No. 47

1. PLACE OF DEATH:

(a) County... Johnson
(b) City or town... Holden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4th & Pine Sts., 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... none
(Specify whether years, months or days)
In this community... 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Johnson 51
(c) City or town... Holden 1
(If outside city or town limits, write "RURAL")
(d) Street No. 4th & Pine Sts., 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country... XXXX

3. (a) PRINT FULL NAME JAMES BOWMAN ROSE

3. (b) If veteran, name war... none 3. (c) Social Security No. none

4. Sex... male 5. Color or race... white 6. (a) Single, widowed, married, divorced... married
6. (b) Name of husband or wife... Ida Jane Rose 6. (c) Age of husband or wife if alive... 66 years
7. Birth date of deceased... September 3, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>1</u>	<u>26</u>	hr. min.

9. Birthplace... Harrison, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation... Minister

11. Industry or business... same

MOTHER FATHER
12. Name... William Guinn Rose
13. Birthplace... unknown Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name... Sarah Fox
15. Birthplace... unknown Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant... Ida Jane Rose

(b) Address... Holden, Missouri

17. (a) Burial (b) Date thereof... October 31 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Holden, Missouri

18. (a) Signature of funeral director... Canaday & Ropp

(b) Address... Holden, Missouri

19. (a) Dec 1, 1945 (b) Mark V Redford
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29
year 1945 hour 6 minute A M.

21. I hereby certify that I attended the deceased from...
January 1945 to Oct 29 45, 1945;
that I last saw him alive on October 29 1945, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death... Cerebral thrombosis following malignant metastasis
Due to... Primary malignant prostate

Due to...
Other conditions... none
(Include pregnancy within 3 months of death)

Major findings: malignant Prostate with visceral metastasis
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)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature... [Signature] (M. D. or other)
Address... Holden Mo Date signed 11/20/45

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

51
1
0

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 Samuel B. Pops

Licensed Embalmer No. 4044

P. O. Address Holden Md

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.