

FILED FEB 77 1946
Registration District No. 7

Primary Registration District No. 3008

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 1 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: 2 m 15 d (Specify whether
In this community 2 m 15 d years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 14
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 2
(d) Street No. 538 Olive (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Rose S. Milton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color of 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

7. Birth date of deceased Nov 7 1938
(Month) (Day) (Year)

8. AGE:

Years 87 Months 1 Days 2

If less than one day
hr. min.

9. Birthplace

Farmival Missouri
(City, town, or county) (State or foreign country)

Missouri
(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

DL

13. Birthplace

DL
(City, town, or county)

DL
(State or foreign country)

14. Maiden name

DL

15. Birthplace

DL
(City, town, or county)

DL
(State or foreign country)

16. (a) Informant

Record

(b) Address

Removal
(Burial, cremation, or removal)

(b) Date thereof 1/9/46
(Month) (Day) (Year)

(c) Place: burial or cremation

Kansas City Mo

18. (a) Signature of funeral director

Wallace Superal

(b) Address

Fulton Mo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1946 hour 3-00 minute 0 M.

21. I hereby certify that I attended the deceased from 1-3-46, 19... to 1-9-46, 19...
that I last saw him alive on 1-8-46, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Rh. Lobar Pneumonia

Due to Influenza

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(e) Means of injury

Signature

George H. Rees

Address

Fulton Mo

Date signed

1-9-46

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

290

NOV 23 1949

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-5-46

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 Wenzel C. Browning
Licensed Embalmer No. 2724
P. O. Address Fulton 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.