S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22490

FILED JUL 11 1946

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 86

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: 825 East Austin 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108

(c) City or town Nevada 1
(If outside city or town limits, write "RURAL")

(d) Street No. 825 E Austin 21
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Albert Rose

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

4. Sex M O 5. Color or race W 6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ 1

6. (b) Name of husband or wife Mary Rose 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June (Month) 12 (Day) 1863 (Year)

8. AGE: Years 83 Months Days If less than one day ..... hr. ..... min.

9. Birthplace Carrollton (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Laborer

11. Industry or business .....

FATHER
12. Name unknown 9
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name 1
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Dan Rose 1
(b) Address 1330 N. 7th Webb City, Mo

17. (a) Bureal (Burial, cremation, or removal) (b) Date thereof June (Month) 16 (Day) 1946 (Year)
(c) Place: burial or cremation Moore Cemetery, Nevada, Mo

18. (a) Signature of funeral director Terry Funeral Home
(b) Address Nevada, Missouri

19. (a) 7-1-46 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 11 year 1946 hour 9 minute P M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 June 11th, 1946

(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 ✓ 3

23. Signature Marsh Eichinger Coroner (M. D. or other)

Address Nevada, Mo Date signed 6-15-46

33D (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Di[illegible] Officer No. 7,
[illegible] 6-46-722
Date Filed 7-10-46

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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, 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.