

FILED SEP 4 1946

Registration District No. 122

Primary Registration District No. 5453

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Brookline Mo. - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Brookline Mo. Rt. 1 Rural
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Homer Rose

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 Viola Steele Rose 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Nov. 4 1878
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12 year 1946 hour 5 AM minute 20
21. I hereby certify that I attended the deceased from October, 1945 to Aug 12, 1946;
that I last saw him alive on Aug 11, 1946;
and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma of face
Head & Neck

8. AGE: Years 67 Months 9 Days 8 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Reuben Rose

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

14. Maiden name Lucy McElhany

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

16. (a) Informant Mrs. Viola Rose, wife

(b) Address Brookline Mo. Rural

17. (a) Burial (b) Date thereof Aug. 15, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greene Cem. Republic Mo.

18. (a) Signature of funeral director R. J. Thurman

(b) Address Republic Mo.

19. (a) Aug-15-1946 (b) Glennce Britain
(Date received local registrar) (Registrar's signature)

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 E. L. Beal (M. D. or other)

Address Republic Mo. Date signed Aug 24 1946

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

105

RECEIVED

Graene County Health Office,

County File Number 46-9-104

Date Filed 9/4/46

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.....

Ed. J. [unclear], Registered Apprentice No. 3687

working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 503

P. O. Address Republic 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.