S. No. 2
1—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 30 1947

Registration District No. 46

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26886

Primary Registration District No. 1000

Registrar's No. 1028

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 817 Morgan St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 817 Morgan St.
(If rural, give location)
(e) Citizen of foreign country? Poland (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: ROSE RODE

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: William

6. (c) Age of husband or wife if alive: 82 years

7. Birth date of deceased: September (Month) 14, (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
83	11	12	..... hr. ..... min.

9. Birthplace: Unknown (City, town, or county) Poland (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home

MOTHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

FATHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: John Wiskowski (son)
(b) Address: 619 Alabama St., City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/28/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery

18. (a) Signature of funeral director: John E. Gentry
(b) Address: 6054 Pryor Ave., City

19. (a) 8-27-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26, year 1947 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 25, 1947 to Aug 26, 1947 that I last saw him alive on Aug. 25, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	1 da
Due to: Hypertensive arteriosclerotic cardiovascular renal disease.	
Due to:	
Other conditions: Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ✓
Of autopsy: ✓

PHYSICIAN
Underline the cause of 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: C. F. Grant (M. D. or other) MD
Address: St. Joseph Mo Date signed 8-27-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

SEP 3 1947

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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.