S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 7 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34815

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 225

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune-Brooks Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hours (Specify whether
In this community 65 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Carthage (If outside city or town limits, write "RURAL") 1
(d) Street No. 1055 S. Garrison Ave (If rural, give location) 3
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ----

3. (a) PRINT FULL NAME MARY ELIZA[redacted] ROSE
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex female 1
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Alfred V. Rose
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased April (Month) 23 (Day) 1866 (Year)

8. AGE: Years 81 Months 7 Days 4 If less than one day hr. min.

9. Birthplace Clark County (City, town, or county) IOWA (State or foreign country) 1
10. Usual occupation retired housewife
11. Industry or business at home
FATHER
12. Name James Milnes
13. Birthplace unknown (City, town, or county) England (State or foreign country) 11
MOTHER
14. Maiden name Elizabeth Snyder 1
15. Birthplace unknown (City, town, or county) unknown (State or foreign country) 0
16. (a) Informant Miss Emma Knell 1
(b) Address 302 W. Chestnut, Carthage, Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct 29, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri
19. (a) 10-29-1947 (Date received local registrar) (b) L. B. Clinton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27 year 1947 hour 1 minute 50 a.m.

21. I hereby certify that I attended the deceased from Did Not Attend 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic Shock. Duration

Due to Cerebral Concussion

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

Coroner Investigation

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Oct 27 1947 116
(c) Where did injury occur? Carthage (City or town) Jasper (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hiway #71 (Specify type of place)
While at work (e) Means of injury Hit by Auto
23. Signature [illegible] (M. D. or other) Do
Address 3114 Joplin Date signed 10/29/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-10-817

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 Robert H. Knell, Registered Apprentice No. 406, working under my personal supervision.

Signed Emmet R. Knell

Licensed Embalmer No. 391

P. O. Address Carthage

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.