No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 12 1947

Registration District No. 128

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 37787

Registrar's No. 962A

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1405 E. Mill
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 9 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 1405 E. Mill
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country N

3. (a) PRINT FULL NAME James Rost
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 27 (Day) 1933 (Year)

8. AGE: Years 14 Months 4 Days 11 If less than one day hr. 0 min.

9. Birthplace Webster County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Student
11. Industry or business
FATHER
12. Name Austin Rost 0
13. Birthplace Webster County (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Gladys Davis 0
15. Birthplace Webster County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Austin Rost
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation Ebenezer Cemetery
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 11-19-47 (Date received local registrar) (b) W E Handley MD (Registrar's signature) 111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8
year 1947 hour 5 minute 50p. M.
21. I hereby certify that I attended the deceased from no physician to in attendance;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bullet wound of head	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 4
Of autopsy 17

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) Accident 133
(b) Date of occurrence Nov 8 1947
(c) Where did injury occur? Springfield (City or town) Greene (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home (Specify type of place)
While at work? No (e) Means of injury Pistol ✓
23. Signature Murray C Stone Coroner (M. D. or other)
Address Springfield Mo Date signed Nov 18, 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 James B. Gaughen Registered Apprentice No. 466 working under my personal supervision.

Signed Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.