

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13229

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1691

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 35 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 1724 Lydia Avenue
d. FULL NAME OF HOSPITAL OR INSTITUTION: GENERAL HOSPITAL #2			d. STREET ADDRESS (If rural, give location) 1724 Lydia Avenue		
3. NAME OF DECEASED (Type or Print) WILLIE			a. (First)	b. (Middle)	c. (Last) ROSE
4. DATE OF DEATH	(Month)	(Day)	(Year)		
APRIL	6	1950			
5. SEX FEMALE	3	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 1 1894	9. AGE (In years last birthday) 56
IF UNDER 1 YEAR	Months	Days	IF UNDER 24 HRS.	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) FRANKLIN, TENNESSEE	
12. CITIZEN OF WHAT COUNTRY? U. S.					
13a. FATHER'S NAME WASH PRYOR		13b. MOTHER'S MAIDEN NAME MOLLY REED		14. NAME OF HUSBAND OR WIFE Austin Rose	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME MARIE PRYOR SMITH ADDRESS 2745 Brooklyn Ave	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DEGENERATING CYSTIC OF RIGHT OVARY WITH PERIONITIS AND ADHESIONS			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) _____		
DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS ACUTE INTESTINAL OBSTRUCTION (Mechanical)			21. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4-5-</u> 19 <u>50</u> , to <u>4-6-50</u> , 19 <u> </u> , that I last saw the deceased alive on <u>4-6-</u> 19 <u>50</u> , and that death occurred at <u>12:20A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE E. Frank Ellis MD (Degree or title)			23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 4-6-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/11/50	24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
DATE REC'D BY LOCAL REG 4-10-50			REGISTRAR'S SIGNATURE Thereldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Watkins ADDRESS 1729 Lydia

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

J. James Malone

Signed.....

Student Embalmer

Licensed Embalmer No.

3994

P. O. Address.....

2503 Highland

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.