

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31977

FILED SEP 24 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4367

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

3

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>		
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>50 yr</u>	c. CITY OR TOWN <u>Kansas City</u>		3158
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>in Street 1009 Indy Ave 15 1009</u>			d. STREET ADDRESS (If rural, give location) <u>Indy Ave</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wm</u> b. (Middle) <u>Erac</u> c. (Last) <u>Rose</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-4-53</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>JAN 1886</u>		9. AGE (in years last birthday) <u>67</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWNER USED FURNITURE STORE</u>	11. BIRTHPLACE (City and State, Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Wm M. Rose</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Hall</u>	14. NAME OF HUSBAND OR WIFE <u>UNKNOWN ROSE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY # <u>499-10-4843</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Waverly W. Rose</u>		ADDRESS <u>2640 MYRTLE KANSAS CITY, MO</u>
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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock & Hemorrhage</u>					
ANTECEDENT CAUSES			DUE TO (b) <u>fractured legs</u>		
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) <u>Crushed Pelvis</u>		<u>2019.4</u>
II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured Pelvis</u>		<u>20 25</u>
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-4-53 8 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Struck by auto car</u>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Erac H. Owens</u> (Degree or title) <u>High</u>			23b. ADDRESS <u>1034 Pindar Block</u>		23c. DATE SIGNED <u>9-4-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT 8 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>9-5-53</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Son</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	

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.

Student
Student Embalmer

Signed.....

Jack S. Moore

Licensed Embalmer No.

4729

P. O. Address.....

S. C. 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.