

DEC'D MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6446
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin
(b) Township Meramec
(c) City Sullivan, Mo.

Registration District No. 295
Primary Registration District No. 4149

Registered No. _____

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Christopher C. Rose

(a) Residence, No. Sullivan, Missouri, St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Anna M. Rose

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 22nd, 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
94 6 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Washington Co. Mo. (STATE OR COUNTRY)

FATHER 13. NAME Rev. James Rose

14. BIRTHPLACE (CITY OR TOWN) Missouri, (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Edith Sparks,

16. BIRTHPLACE (CITY OR TOWN) Missouri, (STATE OR COUNTRY)

17. INFORMANT John Rose (ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sullivan, Mo. DATE Feb. 22, 1939

19. FUNERAL DIRECTOR J. T. Williams, 21st St. (ADDRESS) Sullivan, Mo.

20. FILED 2-21-39 Edgar W. Tallow Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1939, to Feb. 20, 1939. I last saw him alive on Feb. 20, 1939. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Senility
162

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury _____, 19____ Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. G. Kitchell, M. D. (Address) Sullivan, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

_____ Licensed Embalmer No. _____

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.)