

DEC 18 1939

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

40108  
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470  
(b) Township 1 Primary Registration District No. 5-6-33  
(c) City Mt. Vernon (d) Street No. Missouri State Sanatorium St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 1 yrs. 2 mos. 14 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Rost

(a) Residence, No. Farmington, Missouri St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
12 10 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
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) Has not worked 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Farmington (STATE OR COUNTRY) Missouri 0

FATHER 13. NAME Henry J. Rost 1  
14. BIRTHPLACE (CITY OR TOWN) Binken Hill (STATE OR COUNTRY) Illinois 0

MOTHER 15. MAIDEN NAME Emma Hoehn  
16. BIRTHPLACE (CITY OR TOWN) Farmington (STATE OR COUNTRY) Missouri

17. INFORMANT E. McMichael, Record Clerk (ADDRESS) Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL PLACE Farmington, Mo. DATE Nov 8 1939

19. FUNERAL DIRECTOR (NAME) Reident, Hunt Co. (ADDRESS) Farmington, Mo.

20. FILED Nov 6 1939 W. P. Holmes Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6, 1939 ~~1938~~

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1938, to Nov. 6, 1939 ~~X 1938~~.

I last saw him alive on November 5, 1939 Death is said to have occurred on the date stated above, at 1:45 a. m.

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

Pulmonary tuberculosis  
Other contributory causes of importance: 778

Date of onset  
Nov 1937

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) Maurice L. Jones M. D.  
(Address) Mt. Vernon, Mo.

K. 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.

RECEIVED

District Health Officer No. 6,

District File Number 12039-2451

Date Filed DEC 6 1939

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 will be me

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed John A. Gendert

Licensed Embalmer No. 2238

P. O. Address Hammington

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, above space should be left blank.