

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 14127

MAY 17 1940

Registration District No. 4

Primary Registration District No. 2001

Registrar's No. 97

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Kirksville  
(c) Name of hospital or institution: Laughlin Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME WILLIAM ROSE JR.

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 6 years

7. Birth date of deceased Mar. 20 1874  
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 14 If less than one day hr. min.

9. Birthplace Knox Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Henry Rose

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Richarda Quaking

15. Birthplace Cincinnati Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. A. Rose

(b) Address Eden, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1940  
(Month) (Day) (Year)  
(c) Place: burial or cremation Old Catholic, Eden, Mo.

18. (a) Signature of funeral director: J. B. Tully  
(b) Address Eden, Mo.

19. (a) May 6/40 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Knox  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 4  
year 1940 hour 11 minute 05 A.M.

21. I hereby certify that I attended the deceased from APRIL 29, 1940, to MAY 4, 1940;  
that I last saw him alive on MAY 4, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death BRONCHO-PNEUMONIA  
Duration 7 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
28. Signature Orthauglin (M. D. or other) \_\_\_\_\_  
Address Kirksville Mo. Date signed 7/4/40

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.

RECEIVED

District Health Officer No. 10

District File Number 5-40-1077

Date Filed MAY 16 1940

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.....

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

Signed.....

Licensed Embalmer No. 3755

P. O. Address Hurdland

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.