

JUN 17 1940
Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson Kansas City

(b) City or town Jackson Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3929 Walnut **2**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 Years (Specify whether years, months or days)

In this community 60 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 3929 Walnut
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME: Frank E Rose (Frank E. Rose) **200**

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Mary E Rose

6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased: Nov 11 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>6</u>		<u>hr. min.</u>

9. Birthplace Jackson Parish Louisiana
(City, town, or county) (State or foreign county)

10. Usual occupation Interior decorator

11. Industry or business _____

12. Name Margaret C Rose

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

14. Maiden name Margaret Budden

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

16. (a) Informant Mrs Edna Rose Hazell

(b) Address 4021 Walnut

17. (a) Burial (b) Date thereof 5-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington Cemetery

18. (a) Signature of funeral director C.H. Blackman & Son, Inc

(b) Address K.C. Mo.

19. (a) May 10, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1940 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 1 - 1940 to May 9 1940;
that I last saw him alive on May 9 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to Senility + grippe 92 yr **2 wks**

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature W. J. Davis (M. D. or other) MD
Address 907 Waldheim Date signed May 10-40

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

MOTHER FATHER

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

H. D. Blackman

Licensed Embalmer No.

3639

P. O. Address

K. 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, above space should be left blank.