

NOV 20 1940  
Registration District No. 5-62

Primary Registration District No. 5768

State File No. \_\_\_\_\_  
Registrar's No. 166

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town St. James  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

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

(d) Street No. 3 miles West of East Prairie  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

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

3. (b) If veteran, name war L

3. (c) Social Security No. \_\_\_\_\_

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Oct. 5, 1940  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6  
year 1940 hour 11:45 minute P. M.

21. I hereby certify that I attended the deceased from Oct 5  
\_\_\_\_\_ 1940 to Oct 6 1940  
that I last saw him alive on Oct 5 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day 9 1/2 hr. \_\_\_\_\_ min.

9. Birthplace Mississippi Mo.  
(City, town, or county) (State or foreign country)

Immediate cause of death Cerebral hemorrhage

Due to Difficult labor

Due to \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Emmet Rose Jr.

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

14. Maiden name Francis Yazbrough

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

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Emmet Rose

(b) Address East Prairie Mo.

17. (a) Burial (b) Date thereof Oct 6, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. O. W. Shelby

18. (a) Signature of funeral director Frank Shelby

(b) Address East Prairie Mo.

19. (a) H. C. Boyd (b) M. W. Dodge  
(Date received local registrar) (Registrar's signature)

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 H. P. Martine (M. D. or other) \_\_\_\_\_  
Address East Prairie Date signed Oct 6, 1940

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

RECEIVED

District Health Officer No. 2,

District File Number 2140-1718

Date Filed 11/15/40

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**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.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**