No. 2
1-13-40
17-39
I X2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 18 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38483

Registration District No. 197 Primary Registration District No. 5276 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: K. C. Municipal Airport (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 x x 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte

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

(d) Street No. 1319 A. Ruby (If rural, give location)

0

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

3. (a) PRINT FULL NAME Edgar LeRoy Rose

3. (b) If veteran, name war no

3. (c) Social Security No. 561-18-6211

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Pauline Frey Rose

6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased June 1, 1914 (Month) (Day) (Year)

8. AGE: Years 26 Months 5 Days 4 If less than one day hr. min.

9. Birthplace Herrington, Kansas (City, town, or county) (State or foreign country)

10. Usual occupation aeronautical draftsman

11. Industry or business T.W.A.

FATHER
12. Name William E. Rose
13. Birthplace Attica, Iowa (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Claudia Wiggins
15. Birthplace LaFayette, Ind. (City, town, or county) (State or foreign country)

16. (a) Informant Wm. E. Rose

(b) Address 1319A Ruby, K. C. Kans

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11-5-40 (Month) (Day) (Year)

(c) Place: burial or cremation Herrington, Kansas

18. (a) Signature of funeral director Morton Funeral Home

(b) Address North K. C. Mo.

19. (a) 11-5-40 (Date received local registrar) (b) (Registrar's signature) V163

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5-1940 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from Coroner, 19, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Body found in car at KC. Airport Heater changed so the exhaust fumes entered car

Due to

Due to self inflicted

Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations 164
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) Suicide

(b) Date of occurrence Nov. 5-1940

(c) Where did injury occur? No Kansas City Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Kansas City Mo Airport (Specify type of place)

While at work? (e) Means of injury

23. Signature Mrs W L Wyong Coroner (M.D. or other) 5

Address Liberty Clay CO Missouri (Date signed)

(Licensed Embalmer's Statement on Reverse Side)

NOV 13 1941

NOV 13 1941

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-18-40

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

Harold L. Posson, Registered Apprentice No.

working under my personal supervision.

Signed Harold L. Posson

Licensed Embalmer No. 3605

P. O. Address North K. C. Mo.

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

If this body is not embalmed, fact should be so stated above.

No. 2B
—2-21-40
I X22659

ROWENA MOORE

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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STANDARD CERTIFICATE OF DEATH

State File No. 38483

Registration District No. 197 Primary Registration District No. 5276 Registrar's No.

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Gallatin T. P. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K.C. municipal air port (If not in hospital or institution, write street number or location)

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte

(c) City or town K.C. Kans (If outside city or town limits write "RURAL")

(d) Street No. 1319 Ruby (If rural, give location)

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

3. (a) PRINT FULL NAME Edgar LeRoy Rose

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 6 (Month) 1 (Day) 1914 (Year)

8. AGE: Years 26 Months 5 Days 4 If less than one day hr. min.

9. Birthplace Herrington (City, town, or county) Kans (State or foreign country)

10. Usual occupation aeronautical

11. Industry or business Draftsman TWA

FATHER
12. Name William E. Rose
13. Birthplace Attica (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Claudia Wiggins
15. Birthplace Lafayette (City, town, or county) Ind (State or foreign country)

16. (a) Informant Wm E. Rose

(b) Address 1319 A Ruby K.C. Kans

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-5-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Herrington Kans K.C. airport

18. (a) Signature of funeral director Morton Funeral Home

(b) Address N. K.C. mo

19. (a) 11-5-40 (Date received local registrar) (b) John S Morton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 5 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Body found in Car at K.C. airport Heater changed so Ex-

Due to Haust fumes entered Car

Due to self inflicted

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) Suicide

(b) Date of occurrence 11-5-1940

(c) Where did injury occur? N K.C. (City or town) mo (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? K.C. airport (Specify type of place)

While at work? (e) Means of injury

23. Signature Mrs H. L. Wysong Car (M. D. or other)

Address Liberty mo Date signed

H.L.P.

SUPPLEMENTARY