

JAN 25 1941

Registration District No. 400

Primary Registration District No. 555312

Registrar's No. 216

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

1. PLACE OF DEATH

(a) County Jackson

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

(c) Name of hospital or institution Jackson County Home for the aged
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 41 years
(Specify whether 3 years, months or days)

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. 125 So Bellvue
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Joseph D. Rose

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

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

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

7. Birth date of deceased mm 3 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>7</u>	<u>22</u>	hr. min.

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

10. Usual occupation stone mason

11. Industry or business ---

MOTHER FATHER

12. Name ---

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

14. Maiden name ---

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

16. (a) Informant W. J. McCarthy

(b) Address Little Blue, Mo

17. (a) Burial (b) Date thereof 12-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Federal Hill

18. (a) Signature of funeral director: W. J. McCarthy

(b) Address: ---

19. (a) 12-26-40 (b) Sara G. Brown
(Date received local registrar) (Registrar's signature)

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

(d) Street No. 125 So Bellvue
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 1940 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 1
19 to Dec. 25 19 40

that I last saw him alive on Dec 25 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

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 & 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 plant) (a) Means of injury ---

23. Signature W. J. McCarthy (If SO. of other) ---
Address Little Blue, Mo Signed Dec 25 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 *E. H. Blackman*

Licensed Embalmer No. 2244

P. O. Address.....

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.