No. 2
1-13-40
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X23159

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

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1074+

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 34

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Kansas City General Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)

In this community 41 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3 8

(d) Street No. 7320 Madison Street (If rural, give location) 0

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

3. (a) PRINT FULL NAME ROBERT LEE ROSE, Sr.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Bessie Rose

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased June (Month) 3 (Day) 1899 (Year)

8. AGE: Years 41 Months 6 7- Days 29 If less than one day ..... hr. ..... min.

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

10. Usual occupation Operator

11. Industry or business Jack & Jill Buffet

FATHER
12. Name David M. Rose
13. Birthplace (City, town, or county) New York / (State or foreign country)

MOTHER
14. Maiden name Unknown Koch
15. Birthplace (City, town, or county) / Pennsylvania (State or foreign country)

16. (a) Informant Mrs. Bessie Rose
(b) Address 7320 Madison

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 6, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 1-7-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day 1-2-41
year ..... hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; 8 45 P.
that I last saw h... alive on ..... 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Bilateral hypostatic bronchopneumonia
Due to Diffuse subarachnoid ~~[illegible]~~
Due to and interstitial cerebral hemorrhage
Auto traumatism
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 17DC-8
Of autopsy Yes

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) Accident 123
(b) Date of occurrence 12-31-40
(c) Where did injury occur? K. C. Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work (e) Means of injury Motor-car Collision

23. Signature [signature] 3 (M. D. or other)
Address K. C. Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. C. Newcomer Jr.

Licensed Embalmer No. 4043

P. O. Address. 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.