

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Rural (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 _____ (Specify whether)

In this community 8 mo 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. 15 miles S.E. of E. Prairie (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE MANUEL ROSE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1942 hour 1 minute P M.

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

21. I hereby certify that I attended the deceased from no doctor in attendance 1942
that I last saw him alive on _____ 1942
and that death occurred on the same date and hour stated above.

4. Sex M 5. Color or race Negro 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 October 5, 1941
(Month) (Day) (Year)

Immediate cause of death Influenza

8. AGE: Years _____ Months 7 Days 2 If less than one day _____ hr. _____ min.

Due to Pneumonia

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

Due to _____

10. Usual occupation _____

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

MOTHER FATHER

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown (State or foreign country)

14. Maiden name Clementine Rose

15. Birthplace Belmont Mo (State or foreign country)

Major findings: Of operations 33a

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant William Rose
(b) Address Columbus, Ky

17. (a) Burial (b) Date thereof 5-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belmont cemetery

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? _____

18. (a) Signature of funeral director James Shelby
(b) Address East Prairie Mo

19. (a) 6-6-42 (b) Fannetta Belmont
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)

23. Signature James Shelby (M, D, or other) Coroner
Address East Prairie Date signed 5/18/42

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

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.....

Not embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed *Travis Shelby*

Licensed Embalmer No. *2726*

P. O. Address *East Prairie 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, fact should be so stated above.