

No. 2
4-13-40
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14210

State File No. _____

FILED MAY 7 1943

Registration District No. 104

Primary Registration District No. 4176

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Dunklin.

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

(c) Name of hospital or institution:
Edwards Street.
(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) 53 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin ³⁵ ₁₉

(c) City or town Malden ₁
(If outside city or town limits, write "RURAL")

(d) Street No. Edwards Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Arthur Jackson Rose

3. (b) If veteran, name war. No. _____ 3. (c) Social Security No. 488-16-5049

4. Sex Male. 5. Color or Race White. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Elizabeth Rose 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased December 15 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>4</u>	<u>6</u>	hr. _____ min.

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

10. Usual occupation Farmer
ii. Industry or business Farming.

MOTHER FATHER { 12. Name Henry Rose

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

14. Maiden name Unknown

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

16. (a) Informant Luella Rose Cooper
(b) Address 3942 Delmar St. Louis, Mo.

17. (a) Burial (b) Date thereof 4-22-43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden, Mo.

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

(b) Address Malden Mo.

19. (a) 4-22 43 (b) W. D. Elder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1943 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 6
....., 1943, to April 21, 1943;
that I last saw him alive on April 21, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death nephritis, chronic interstitial ^{2 yrs.}
Duration

Due to _____
Due to _____
Other conditions Chronic myocarditis ^{4 yrs.}
(Include pregnancy within 3 months of death)

Major findings:
Of operations 12/2
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 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 W. D. Elder M. D. or other _____
Address Malden, Mo Date signed 4-21-43

1288 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,

District File Number 543-090

Date Filed 5-6-48

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.....

J. G. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden, 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.