

Registration District No. 1002

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
3220 Charlotte  
(If not in hospital or institution, write street number or location)

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

In this community 45 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson <sup>48</sup>

(c) City or town Kansas City <sup>3</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 3220 Charlotte <sup>8</sup>  
(If rural, give location) <sup>0</sup>

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Orlando P. Rose

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male ( ) 5. Color or race White

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

6. (b) Name of husband or wife Dora C. Rose

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

7. Birth date of deceased Jan 24 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>3</u>	<u>11</u>	_____ hr. _____ min.

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

10. Usual occupation Retired Salesman

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Olliver P. Rose

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

14. Maiden name Mastin

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

16. (a) Informant Frances Rose

(b) Address 3220 Charlotte

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn

19. (a) 5-6-43 (Date received local registrar)

(b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5  
year 1943 hour 1 minute 30 A. M.

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

Immediate cause of death Arteriosclerotic heart disease -

Due to \_\_\_\_\_

Due to \_\_\_\_\_ 9325

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Inspection and history

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) \_\_\_\_\_

(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 pipe)

(c) Means of injury \_\_\_\_\_

23. Signature G. E. Spiker (M. D. or other) M. D.

Address 232 W. 1st St. St. Louis Date signed 5/7/43

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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 *Denzil C. Browning*

Licensed Embalmer No. 2724

P. O. Address *H. C. no*

**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.**