

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

LED MAY 24 1948
Registration District No. 769

Primary Registration District No. 4258

Registrar's No. 96

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

1. PLACE OF DEATH:

(a) County Knaz Co.

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community Lifetown _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Knaz

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

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

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

3. (a) PRINT FULL NAME CHARLES EDWARD ROSE

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 23
year 1948 hour 6:20 minute _____ A. M.

21. I hereby certify that I attended the deceased from 7-7, 1931, to 4-23, 1948;
that I last saw him alive on 4-28, 1948
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced 2

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

7. Birth date of deceased October 7 - 1877
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis Senile Dementia

Due to arteriosclerosis Heart Stroke

Duration 4 yrs. 17 yrs. 17 yrs.

8. AGE: Years Months Days If less than one day

66 6 16 _____ hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Henry Rose

13. Birthplace Bermyng 4
(City, town, or county) (State or foreign country)

14. Maiden name Dora Daehling

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

16. (a) Informant Mrs. Mary Goodwin

(b) Address Edina Mo.

17. (a) Edina Mo. (b) Date thereof April 24-48
(City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation Edina

18. (a) Signature of funeral director Will Kriegshaus

(b) Address Edina Mo.

19. (a) April 23-48 (b) Will Northcutt
(Date received local registrar) (Registrar's signature)

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

Major findings: Of operations 93d

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? Edina (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)

(a) Means of injury IT

Signature Fredrick L. Schmit (M. D. or other) R.M.S.O.

Address Edina, Mo. Date signed 4-28-48

1142

RECEIVED

District Health Officer No. 10

District File Number 5-43-902

Date Filed MAY 21 1943

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.....

Keith Hudson

Licensed Embalmer No. 2415

P. O. Address.....

Edina, Missouri

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.