S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26391

Registration District No. 360 — Primary Registration District No. 6225 — Registrar's No. 120

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada Rural #1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Washington Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108
(c) City or town Nevada Mo Rural R #1
(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 — 0

3. (a) PRINT FULL NAME William Timothy Rose

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

4. Sex M — 5. Color or race W — 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elda Elvina Rose — 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased March (Month) 28 (Day) 1859 (Year)

8. AGE: Years 84 — Months 3 — Days 22 — If less than one day ..... hr. ..... min.

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

10. Usual occupation Farming

11. Industry or business .....

FATHER
12. Name Horace Rose
13. Birthplace Not Known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Rush
15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant Elda Elvina Rose
(b) Address R.1 Nevadada Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Antioch Cemet

18. (a) Signature of funeral director Fenn Funeral Home
(b) Address Nevada Mo

19. (a) 7-26-43 (Date received local registrar) (b) Hazel B. Bewick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1943 hour 12 pm minute ..... M.

21. I hereby certify that I attended the deceased from July 22, 1943 to July 22, 1943 that I last saw him alive on July 22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis. — Duration Dont Know.

Due to .....

Due to Dont Know.

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

Major findings:
Of operations none 93e1
Of autopsy none

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? ✓
(Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature W. Love M.D. (M. D. or other)
Address Nevada, Mo Date signed July 28/43

1331 (Licensed Embalmer's Statement on Reverse Side)

OCT 20 1943

MAY 19 1945

RECEIVED
District Health Officer No. 7
District File Number ~~8~~ 7-43-836
Date Filed 8-7-43

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 Mike Ferry

Licensed Embalmer No. 1432

P. O. Address Nevada 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.