

NOV 6 1943
Registration District No. **187**

Primary Registration District No. **3040**

Registrar's No. **119**

1. PLACE OF DEATH:

(a) County Burlington

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

(c) Name of hospital or institution:
1521 West Lelay (3 yrs. 3 Mo)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 1 month
(Specify whether years, months or days)

In this community 73 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Burlington

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

(d) Street No. 1521 West Lelay
(If rural, give location)

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

3. (a) PRINT FULL NAME Moses N Rose

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26th
year 1943 hour 12 minute 15 A.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary A Rose

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

7. Birth date of deceased Aug 12 - 1853
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1st of June, 1943, to Oct 26 - 2, 1943
that I last saw him alive on Oct 24 -, 1943
and that death occurred on the date and hour stated above.

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

90 2 16 hr. min.

Immediate cause of death Thrombosis of myocardium

Due to —

Due to —

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

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

10. Usual occupation Farmer Ret

11. Industry or business Farming

12. Name Dr Joseph B Rose

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

14. Maiden name Annella Young

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

16. (a) Informant John C. Rose

(b) Address Samuel Mo

17. (a) Burial (b) Date thereof Oct 27 - 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dilly Grove

18. (a) Signature of funeral director Lavern Sadon

(b) Address Chillicothe Mo.

19. (a) October 26 (b) L. V. E. Curry
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 9321

Of autopsy —

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 Dr. J. D. ... (M. D. or other) —

Address Chillicothe Mo Date signed 10-26-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2

4.5

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..... *James W Gordon*.....
Licensed Embalmer No. *1870*.....
P. O. Address..... *Chillicothe, 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.