

FILED JAN 6 1944
380

State File No. _____

Registration District No. _____

Primary Registration District No. 3076

Registrar's No. 132

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Dropped dead on street 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community ✓ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. So College Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martin Rose

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased Aug 23 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 4 7 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Thomas Rose

13. Birthplace Linn Co Mo. (City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Rush

15. Birthplace Cambden Co Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Jennie Jallow

(b) Address 3025 Myrtle K.C. Mo

17. (a) Burial (b) Date thereof Jan 2 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director Hayes Funeral Service

(b) Address Nevada Mo

19. (a) 1-3-44 (b) Hazel B. Beurek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 30
year 1943 hour 9 minute PM

21. I hereby certify that I attended the deceased from 8-9
1943 to 12-30 1943
that I last saw him alive on 9-24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerotic heart disease with coronary heart failure

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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? _____

23. Signature Abrahan Davis (M. D. or other) _____
Address Nevada Mo Date signed 12-31-43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1837

DEPARTMENT OF HEALTH
Certificate No. 7

State File Number 12-43-1432

Date 1-3-44

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 Mack A. Braswell

Licensed Embalmer No. 2029

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.