

S. No. 2
M-5-43
5-17-39
X36671

FILED APR 6 1946
209

Registration District No. 209

Primary Registration District No. 3043

State File No. 10103

Registrar's No. 102

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
Levering Hospital
(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 Marion

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

(d) Street No. 115 South Seventh
(If rural, give location)

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

3. (a) PRINT FULL NAME Benjamin Franklin Rose

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

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Margaret Rose 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased November 18, 1886
(Month) (Day) (Year)

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

59 3 19 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Hannibal Crating Company

MOTHER FATHER

12. Name Henry Harrison Rose

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

14. Maiden name Mary Ann King

15. Birthplace Lincoln County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. B. F. Rose

(b) Address 115 South 7th

17. (a) Burial (b) Date thereof 2/11/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olive

18. (a) Signature of funeral director Crawford Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 3-11-46 (b) W. E. M. Lucke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1946 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from Mar 7, 1946, to Mar 7, 1946; that I last saw him alive on Mar 7, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardia Pectoris

Due to _____

Due to _____

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

Major findings:
Of operations _____

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? _____
(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)

(c) Means of injury _____

23. Signature W. E. M. Lucke (M. D. or other) MD

Address 100 1/2 S. 1st St. Hannibal Mo. Date signed _____

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MAR 8 1957

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..... *Crawford Smith*

Licensed Embalmer No..... 7814

P. O. Address..... Hannibal, 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.