

Registration District No. **JUN 20 1946**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **JACKSON**

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

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

(d) Length of stay: In hospital or institution **3 days**
(Specify whether)

In this community **2 WEEKS**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON 59**

(c) City or town **KAHNSAS CITY 1**
(If outside city or town limits, write "RURAL")

(d) Street No. **CHILLICOTHE MO. 2**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME **LINDA KAY ROSE**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **NOVA**

4. Sex **FEMALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **S 0**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **16** years (Day) (Year)

7. Birth date of deceased **FEB. 16 1945**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
1	3	25	hr. min.

9. Birthplace **MISSOURI 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **CHILD**

11. Industry or business

12. Name **RICHARD ROSE**

13. Birthplace **MISSOURI 0**
(City, town, or county) (State or foreign country)

14. Maiden name **MOORE**

15. Birthplace **MISSOURI 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. E. H. Smith**

(b) Address **1108 1/2 Jefferson, TCC Mo**

17. (a) **removal** (b) Date thereof **6-2-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chillicothe Mo**

18. (a) Signature of funeral director **Warman Bennett**
(b) Address **Chillicothe Mo.**

19. (a) **6-2-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **1st**
year **1946** hour **3** minute **10P** M.

21. I hereby certify that I attended the deceased from **May 30**, 19**46**, to **June 1**, 19**46**.
that I last saw her alive on **June 1**, 19**46**, and that death occurred on the date and hour stated above.

Immediate cause of death **broncho pneumonia**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **107**

Of autopsy **None**

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 **U**

23. Signature **W. W. Hart** (M. D. or other) **MD**
Address **Med. Dir. Gen'l Hosp.** Date signed **6-2-46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

19359

Dr. Barry

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..... *E. Oscar Wortley*

Licensed Embalmer No. *1767*

P. O. Address *Kan. City*

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.