

S. No. 2  
OM-5-43  
ev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30433

FILED OCT 7 1946

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3982

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
General Hospital #2  $\odot$   
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hours  
(Specify whether in this community 1 Year years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 2807 1/2 Benton Plaza 8  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lawrence Leonard Rose

3. (b) If veteran, name war no

3. (c) Social Security No. Unk

4. Sex Male 2 5. Color or race Negro

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

6. (b) Name of husband or wife Azzie Lee Rose

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased April 8, 1909  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 17  
year 1946 hour 6 minute 9 M.

21. I hereby certify that I attended the deceased from Deputy Coroner to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

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

37	5	9	hr. _____ min.
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Immediate cause of death Internal Hemorrhage Duration \_\_\_\_\_

Due to Surgical Shock

Due to Multiple Gun Shot Wounds

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Montgomery County, Oklahoma  
(City, town, or county) (State or foreign country)

10. Usual occupation Bartender

Major findings: 106

Of operations \_\_\_\_\_

Of autopsy No-Permit

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name J. B. Rose

13. Birthplace Nowata, Oklahoma  
(City, town, or county) (State or foreign country)

14. Maiden name Mable Valbert

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence 9-17-46

(c) Where did injury occur? K.C. Jackson - Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
1610 - E-11<sup>th</sup> - 7<sup>th</sup> Street  
(Specify type of place)

While at work? No (e) Means of injury Gun Shot

16. (a) Informant Azzie Lee Rose

(b) Address 2807 1/2 Benton Plaza

17. (a) Burial (b) Date thereof 9/21/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Walter B. ...

(b) Address 1729 Lydia Avenue

19. (a) 9-19-46 (b) Seraldine Holmes  
(Date received local registrar) (Registrar's signature)

23. Signature W. Williams (M. D. or other) Deputy Coroner

Address 5636 Brooklyn Date signed \_\_\_\_\_

9-18-46

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**