

No. 2
1-5-43
5-17-39
I X38671

FILED OCT 15 9 1946

Primary Registration District No. **2001**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**

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

(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**

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

(d) Street No. **1330 West 7th Street**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Dan D. Rose**

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

4. Sex **Male** 5. Color or race **W.**

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

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

7. Birth date of deceased **May 5 1906**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
40	4	7	hr. min.

9. Birthplace **Nevada, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Employee Kansas Exporation**

11. Industry or business _____

MOTHER, FATHER

12. Name **Albert Rose**

13. Birthplace **Carroll County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Jane Burnsworth**

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

16. (a) Informant **Widow Sibyl Rose**

(b) Address **1330 West 7th Webb City, Mo**

17. (a) **burial** (b) Date thereof **9/28/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Carterville Cemetery**

18. (a) Signature of funeral director **Hedge-Lewis**

(b) Address **Webb City, Mo.**

19. (a) **9-30-46** (b) **Ed J. Jenson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **25**
year **1946** hour **10:15** minute **A.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **anurid** Duration **10 days.**

Due to **Over administration of sulphathazole**

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) (e) Means of injury _____

23. Signature **Ed J. Jenson** (M. D. or other) _____
Address **Franklin St. Joplin** Date signed **9-29-46**

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

49
6
2
1

29538

46-9-851

JAN 23 1947

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 Richard Gray Lewis

Licensed Embalmer No. 4406

P. O. Address Webb City, 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.