

S. No. 2
M-5-43
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35775

State File No. _____
Registrar's No. 180

Registration District No. 324 Primary Registration District No. 3072

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
687 W. Clay
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline 77
(c) City or town Marshall 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 687 W. Clay
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elvin P. Rose
3. (b) If veteran, name war # 3. (c) Social Security No. #
4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frances Marie Aulger alive 48 years
6. (c) Age of husband or wife if
7. Birth date of deceased September 17, 1892
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 21
year 1946 hour 6 minute 45 A.M.
21. I hereby certify that I attended the deceased from Sept, 1936, to Oct, 1946
that I last saw h.l.m. alive on Oct 20, 1946;
and that death occurred on the date and hour stated above.

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

Immediate cause of death Internal Hemorrhage Duration 15 min
Due to Carcinoma of ascending Colon 6 mo.

9. Birthplace Cross Timbers Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Barber
11. Industry or business !!!

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

MOTHER FATHER { 12. Name Edward Rose
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Emma Jane Wright
15. Birthplace Cross Timbers Mo.
(City, town, or county) (State or foreign country)

Major findings: H6E
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Frances M. Rose
(b) Address Marshall, Mo.
17. (a) Burial (b) Date thereof 10/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park Cemetery

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? _____

18. (a) Signature of funeral director Marshall, Mo.
(b) Address _____
19. (a) 10-22-46 (b) Mot. Olschla
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
Signature Richard T. Ueckler (M. D. or other) 190
Address Marshall, Mo. Date signed 10-22-46

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-2-46

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

J. Leali Swamy

Licensed Embalmer No. 3235

P. O. Address. Marshall, 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.