S. No. 2
M—5-43
r. 5-17-39
e I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39712

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1434

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 weks (Specify whether years, months or days)
In this community: 48 years 6 months 27 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No.: 2401 Doniphan Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME: Clara Leah Rose

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Harry E. Rose

6. (c) Age of husband or wife if alive: 54 years

7. Birth date of deceased: May (Month) 30 (Day) 1898 (Year)

8. AGE:

Years	Months	Days	If less than one day
48	6	27	hr. min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Henry R. Koch
13. Birthplace: Allentown (City, town, or county) Pennsylavina (State or foreign country)

MOTHER
14. Maiden name: Maude E. Moore
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Harry E. Rose
(b) Address: 2401 Doniphan Ave., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/ 28/ 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Mora, Cemetery

18. (a) Signature of funeral director: Hatten Meierhoffer
(b) Address: St. Joseph, Missouri

19. (a) 1-2-47 (Date received local registrar) (b) E. E. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27th. year 1946 hour 5 minute 35 A. M.

21. I hereby certify that I attended the deceased from December 5, 1946 to December 27, 1946 that I last saw her alive on Dec. 26, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Subarachnoid hemorrhage	22 da
Due to: Aneurysm of Circle of Willis	?
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: W. W. Earle, Jr. (M. D. or Coroner)
Address: 706 Francis Date signed: 12/28

382 (Licensed Embalmer's Statement on Reverse Side)

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 Albert C. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.