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8-43  
7-39  
CX37823

FILED JAN 9 1947  
Registration District No. 322

Primary Registration District No. 2072

Registrar's No. 211

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Marshall  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
60I East Eastwood /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community All his life  
years, months or days)

3. (a) PRINT FULL NAME John Percy Rose  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Kathryn Murrell Rose  
6. (c) Age of husband or wife if alive 51 years  
7. Birth date of deceased December 8th, 1887  
(Month) (Day) (Year)

8. AGE: Years 59 Months 0 Days 14  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Merchant

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

MOTHER FATHER { 12. Name John William Rose  
13. Birthplace Pittsfield Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Helen Walker  
15. Birthplace Moniteau County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. J. P. Rose  
(b) Address 60I East Eastwood, Marshall, Mo.

17. (a) Burial (b) Date thereof Dec. 24, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park cemetery

18. (a) Signature of funeral director Campbell-Turner  
(b) Address Marshall, Mo.

19. (a) 12-28-46 (b) Ms. A. Weischook  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97  
(c) City or town Marshall 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 60I East Eastwood 2  
(If rural, give location) 0  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22  
year 1946 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 29, 1939, to Dec 22, 1946,  
that I last saw him alive on Dec 22, 1946,  
and that death occurred on the date and hour stated above.

Immediate cause of death Apertensive Heart Disease 6 yrs.  
Due to Chn. Nephritis 7 yrs.

Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 93D  
Underline the cause to which death should be charged statistically.

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

(c) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(d) Date of occurrence \_\_\_\_\_  
(e) 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 Robt. Murrell (M. D. or other) \_\_\_\_\_  
Address Marshall, Mo. Date signed 12/24/46

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

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 1-8-47

1947 FEB 6 9 03A

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 W. Campbell  
Licensed Embalmer No. 3467  
P. O. Address Marshall

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.