

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

3
19
6671

FILED MAY 21 1948

Registration District No. 11

Primary Registration District No. 4024

1. PLACE OF DEATH:

(a) County Barry

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

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

(d) Length of stay: In hospital or institution Six hours
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

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

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME Larry Ray Rose

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased 12-1-1947
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1
year 1947 hour 7 minute 3 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, 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
			<u>6</u> hr. _____ min.

Immediate cause of death Patent Foramen Ovale

Due to _____

Due to _____

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER, FATHER { 12. Name Lenear S. Rose

{ 13. Birthplace Washburn, Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Frances Turner

{ 15. Birthplace Cassville, Missouri
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Lenear S. Rose

(b) Address Cassville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-1947
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill 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 Culver's Funeral Home

(b) Address Cassville, Missouri

19. (a) May 6 - 48 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

23. Signature J. Purves (M. D. or other) _____

Address Commodore Date signed 12-10-47

RECEIVED

District Health Officer No. 6;

District File Number 548-576

Date Filed MAY 18 1943

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.....

Paul D. Kenbest

Registered Apprentice No. 54

working under my personal supervision.

Signed *Margaret Culver*

Licensed Embalmer No. 4389

P. O. Address *Cassville*

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.