

S. No. 2  
M-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **419**  
Registrar's No. **6**

Registration District No. **47** Primary Registration District No. **3008**

1. PLACE OF DEATH:  
(a) County **Callaway**  
(b) City or town **Fulton**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**710 Bluff St. /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 Years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Callaway** **14**  
(c) City or town **Fulton** **1**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **710 Bluff** **2**  
(If rural, give location) **0**  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Arch Aaron Rose**  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Jan** day **5**  
year **1948** hour **7:35** minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from **5/6** 19**47**, to **1/5** 19**48**;  
that I last saw him alive on **1/3** 19**48**;  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Ida Mae Rose**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **August 3** **1859**  
(Month) (Day) (Year)

Immediate cause of death  
**chr. myocarditis**  
Due to **atherosclerosis** **years**  
**gynae with legs.** **years**  
**atherosclerosis.** **several days**  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: **none**  
Of operations **none**  
Of autopsy **none**  
Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
**88** **5** **2** hr. \_\_\_\_\_ min.

9. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Retired Farmer**

11. Industry or business \_\_\_\_\_  
12. Name **Matthew M. Rose**  
13. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Lydia Whaley**  
15. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ralph Twitchell**  
(b) Address **710 Bluff St. Fulton, Mo**  
17. (a) **Burial** (b) Date thereof **1-7-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Steedman, Mo.**

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? **0**  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **Henry Dunt** (M. D. or other) **h.D.**  
Address **Fulton, Mo.** Date signed **1/6/48**

18. (a) Signature of funeral director **Hallace Funeral Home**  
(b) Address **7 W 8th St. Fulton, Missouri**  
19. (a) **Jan 9-48** (b) **Josie Morrell**  
(State received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 11/5/11

District File Number

District Health Officer No. 3

RECEIVED

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.....

Walter J. Haines, Jr......, Registered Apprentice No. 82  
working under my personal supervision.

Signed Wenzil C. Browning.....

Licensed Embalmer No. 2724

P. O. Address Fulton 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.**