No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37369

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 380

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 1216 Girard St
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Herl Scott Rose
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Roma
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased March (Month) 6 (Day) 1884 (Year)

8. AGE: Years	Months	Days	If less than one day
64	8	27	..... hr. ..... min.

9. Birthplace Shelby Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Laborer
11. Industry or business .....
FATHER 12. Name Albert Rose
13. Birthplace ..... (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name Lucinda Haley
15. Birthplace ..... (City, town, or county) Mo (State or foreign country)
16. (a) Informant Jennie Rose
(b) Address 1216 Girard st Hannibal Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof December 6 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Edina Mo
18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo
19. (a) 12-8-48 (Date received local registrar) (b) H. R. M. Fucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3rd year 1948 hour ..... minute 7a M.
21. I hereby certify that I attended the deceased from Nov 3 1948 to Dec 3 1948 and that I last saw him alive on Dec 3 1948 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary Thrombosis
Due to .....
Due to .....
Other conditions Acute Nephritis
(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? .....
While at work? ..... (Specify type of place) (e) Means of injury .....
23. Signature Dr. G. W. Fox (M. D. or other)
Address Hannibal Mo Date signed 12-3-48

(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 Michael J O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.