

FILED AUG 2 1945

Registration District No. _____

Primary Registration District No. 5038

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Washburn "Rural" Ash Twn.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

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

In this community life
years, months or days

3. (a) PRINT FULL NAME SAM ROSE

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Nancy Rose

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Sept 20 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Barry Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmerse

11. Industry or business Farming

MOTHER FATHER

12. Name John Rose

13. Birthplace Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Emily Morgan

15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nancy Rose

(b) Address Washburn Mo.

17. (a) burial (b) Date thereof 5/30/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roller Cem.

18. (c) Signature of funeral director W. D. Koon.

(b) Address Cassville Mo.

19. (a) June 15 1945 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry
(c) City or town Washburn "Rural" Ash Twn.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1945 hour 11:00 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 20 1945 to May 27 1945
that I last saw him alive on May 27 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic Interstitial Nephritis

Due to Sept

Other conditions Addison Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 131N

Duration

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. Chas. R. Brown (M. D. or other) 2/10/45
Address Seigman Mo Date signed _____

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

RECEIVED

District Health Officer No. 6

District File Number 745-838

Date Filed JUL 31 1945

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

E. M. Jones

Licensed Embalmer No. 3453

P. O. Address *Carmel, 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.