

FILED SEP 7 1948

Registration District No. _____

Primary Registration District No. 4024

State File No. _____

Registrar's No. 76

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: Barry County Hospital 3
 (If not in hospital or institution, write street number & location)
 (d) Length of stay: In hospital or institution 3 days on arrival
 (Specify whether _____)
 In this community life
 years, months or days

3. (a) PRINT FULL NAME Donald Ray ROSE

3. (b) If veteran, name war no 3. (c) Social Security No. none

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 _____

7. Birth date of deceased April 6, 1935
 (Month) (Day) (Year)

8. AGE: Years 13 Months 4 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation student

11. Industry or business none

MOTHER FATHER { 12. Name Claude Rose
 13. Birthplace Barry County, Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Marjorie West
 15. Birthplace Barry County, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Charles Rose
 (b) Address Washburn, Missouri
 17. (a) Removal (b) Date thereof 8/19/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barryville, Arkansas
 18. (a) Signature of funeral director W. A. Nelson
 (b) Address Barryville, Arkansas
 19. (a) Aug 23 - 48 (b) Grace Williams
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5
 (c) City or town Washburn 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural 0
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
 year 1948 hour 12:30 minute _____ M.

21. I hereby certify that I attended the deceased from now after drowning, 19____
 that I last saw him _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death: Accidental Drowning

Due to _____

Due to _____

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

Major findings: 183
 Of operations _____
 Of autopsy 26

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) Accident
 (b) Date of occurrence Aug. 19-48 5
 (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?
On farm (Specify type of place) (e) Means of injury _____
 While at work? _____
 23. Signature Deane Dorman (M. D. or other) _____
 Address Cassville, Mo. Date signed _____

RECEIVED

District Health Officer No. 6.

District File Number 948-992

Date Filed SEP 3 1948

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.....

Lloyd P. Wiscott

Licensed Embalmer No.....

3857

P. O. Address.....

Berryville, Ark

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.