

S. No. 2  
M-5-43  
5-17-39  
I X36671

FILED FEB 20 1948

Registration District No. 35

Primary Registration District No. 5792

Registrar's No. 10

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

1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Rural, Combs Sup.  
(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 60 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll  
(c) City or town Rural  
(d) Street No. 8 miles N.E. of Carrollton  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM 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 Married

6. (b) Name of husband or wife Abbie Baker 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Aug 30 1873  
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Mt Blanchard Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Burson Rose

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

14. Maiden name Mary Roller

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

16. (a) Informant Mrs Wm Rose

(b) Address Wakenda, Mo

17. (a) Burial (b) Date thereof 2-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Stanley Burson

(b) Address Carrollton Mo

19. (a) 2/1/48 (b) Mrs Herbert Cain  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1948 hour \_\_\_\_\_ minute 350 M.

21. I hereby certify that I attended the deceased from January 30 1948, to January 30 1948.  
that I last saw him alive on January 27 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 1 month

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(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 John H Plat (M. D. or other) \_\_\_\_\_  
Address Carrollton Missouri Date signed 1-31-48

RECEIVED

District Health Officer No: 8,

District File Number.....

Date Filed 2-19-48.....

SEP 15 1949

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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 Ben W Gibson.....

Licensed Embalmer No. 2961.....

P. O. Address Carrollton 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.