

Cynthiana Democrat - February 3, 1949

ROSE

Homer Rose, 69, Harrison County farmer, died Saturday, Jan. 29, 1949 after two years' illness. He had been at Harrison Memorial Hospital only since Thursday of last week.

A son of the late Robert Anderson and Katherine Mullen Rose, he was the husband of Mrs. Mary Hedges Ingles Rose whom he married April 12, 1905. The Roses had been in their new home on the Old Lair Pike only a short time, it having been rebuilt after being destroyed by fire last summer.

He was a member of the First Methodist Church, Cynthiana, having joined at Mt. Pleasant, and of the I. O. O. F. Lodge No. 127 here.

Besides his wife, survivors are three sons, John Robert Rose, Ravenna, Eugene Perrin Rose, Palmyra, and Wood Rose, Cynthiana; two sisters, Mrs. J. W. Dorne, Walton, and Miss Virgie N. Rose, Cynthiana; and two brothers, William N. Rose, Pendleton County, and Orie N. Rose, Cynthiana.

Services were held Monday afternoon at the Whaley Funeral Home, conducted by Rev. Robert L. Smith, and burial followed in Battle Grove Cemetery where the Odd Fellows conducted rites.

Pallbearers selected were Lovell Jett, Will Snodgrass, James Mann, William Naudin, Ollie Turner, Ira Monson and Frank Kern.

Rose, Homer 1880 - 1949

| Form V. S. 1-A | | COMMONWEALTH OF KENTUCKY | | State File No. <u>678</u> | |
|---|-------------------------------|--|---|---|---|
| FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS | | Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH | | Registrar's No. <u>13</u> | |
| Registration District No. <u>670</u> | | Primary Registration District No. <u>2240</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Harrison</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kentucky</u> b. COUNTY <u>Harrison</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cynthiana</u> | | c. LENGTH OF STAY (In hospital or institution) <u>4 days</u> | | c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Rural Harrison Co.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Harrison Memorial Hosp.</u> | | | d. STREET ADDRESS (If rural, give location) <u>R. F. D. # 4, Cynthiana</u> | | |
| 3. NAME OF DECEASED a. (First) <u>Homer</u> b. (Middle) <u>Rose</u> c. (Last) <u>Rose</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>January 29, 1949</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Jan. 20, 1880</u> | | 9. AGE (In years) (last birthday) <u>69</u> If Under Months <u>9</u> If Under 1 Year Days <u>29</u> If Under 24 Hrs. Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (State or foreign country) <u>Harrison Co., Kentucky</u> | |
| 13. FATHER'S NAME <u>Robert Anderson Rose</u> | | | 14. MOTHER'S MAIDEN NAME <u>Katherine Mullen</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT <u>John R. Rose</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral haemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Jan 25-49</u> | |
| *This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterial hypertension</u> DUE TO (c) <u>Heart Disease</u> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>449x-935</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>none</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, street, office bldg. etc.) <u>none</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from <u>Jan. 25</u> , 19 <u>49</u> , to <u>Jan. 29</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Jan. 29</u> , 19 <u>49</u> , and that death occurred at <u>7:45 P.M.</u> From the causes and on the date stated above. | | | | | |
| 23a. DATE SIGNED <u>1/31/49</u> | | 23b. ADDRESS <u>Cynthiana, Kentucky</u> | | 23c. SIGNATURE (Degree or title) <u>R. M. Mullen M.D.</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Jan. 31, 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Battle Grove Cem</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Cynthiana, Kentucky</u> | | 25a. DATE REC'D BY LOCAL REG. <u>1-31-49</u> | | 25b. REGISTRAR'S SIGNATURE <u>Susan M. Dowell</u> | |
| | | 25c. FUNERAL DIRECTOR ADDRESS <u>James S. Whaley, Cynthiana, Ky.</u> | | | |

Last printed 5/21/2009 8:32 PM