

Cynthiana Democrat - April 6, 1950

Miss Virgie Noble Rose

Funeral services for Miss Virgie Rose, 67, were held at 10:30 a. m. Tuesday at the Smith-Rees Funeral Home conducted by Dr. M. P. McClure and Rev. G. W. Kelley. Burial was in Battle Grove Cemetery.

Pallbearers selected were Garnett, Cecil, George and Wood Rose, Pete Abel and Tommy Doan.

Miss Rose died at 11:45 p. m. Saturday, April 1, 1950, at Harrison Memorial Hospital after an illness of three days.

A native of Harrison County, she was born Oct. 29, 1882, a daughter of the late Robert A. and Happy Mullen Rose and was a member of Mt. Pleasant Methodist Church and Arlington Rebekah Lodge.

Members of the lodge held memorial services at 7:30 p. m. Monday at the funeral home.

Miss Rose is survived by one sister, Mrs. J. W. Doan, Union, Boone County; and two brothers, William N. Rose, Claysville, Harrison County, and Orie N. Rose, Cynthiana.

Rose, Virgie Noble 1882 - 1950

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COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State 50 7282
Registrar's No. 51

Registration District No. 670 Primary Registration District No. 2240

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 OR TOWN <u>Cynthiana</u>		c. CITY OR TOWN <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Harrison Mem Hosp.</u>		d. STREET ADDRESS <u>Cynthiana, Ky R#4</u>	
3. NAME OF DECEASED a. (First) <u>Miss Virgie Noble Rose</u> (Type or Print)		4. DATE OF DEATH Month <u>Apr</u> Day <u>1</u> Year <u>1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Oct 20 1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of waking hours, even if <u>Practical Nurse</u>)		10b. KIND OF BUSINESS OR INDUSTRY <u>Nursing</u>	11. BIRTHPLACE (State or foreign country) <u>Harrison Co Ky</u>
13. FATHER'S NAME <u>Robert A Rose</u>		14. MOTHER'S MAIDEN NAME <u>Hetty Muller</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <u>3401-071-28</u>	17. INFORMANT <u>William N. Rose</u>
18. CAUSE OF DEATH Know only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, zathonia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myingital</u> ANTSCROBNT CAUSES Norbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pneumonia</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <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>3-30</u> , 19 <u>50</u> , to <u>4-1</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-1</u> , 19 <u>50</u> , and that death occurred at <u>4-1</u> , 19 <u>50</u> , from the causes and on the date stated above.			
23a. DATE SIGNED <u>4-10-54</u>		23b. ADDRESS <u>Levintraia Rpt Harrison</u>	
23c. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		24a. USUAL CREMATION, REMOVAL (Specify) <u>Rural</u>	
24b. DATE <u>Apr 4, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Battle</u>	
24d. LOCATION (City, town, or county) <u>Cynthiana Ky</u>		25a. DATE REC'D BY LOCAL REG. <u>4/10/50</u>	
25b. REGISTRAR'S SIGNATURE <u>Birdie C. Meyer</u>		25c. FUNERAL DIRECTOR <u>Smithy-Rose Co.</u>	
		ADDRESS <u>Cynthiana, Ky.</u>	