

Rose, William Shelton 1863 - 1948



William Shelton Rose
Photo posted at www.ancestry.com by roseput for the Rose Family Tree



William Shelton Rose & Lillie Fitzpatrick Rose (3rd wife)
Photo posted at www.ancestry.com by roseput for the Rose Family Tree

Rose, William Shelton 1863 - 1948

DELAY

Form V. B. 1-A
FEDERAL BUREAU OF INVESTIGATION
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

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

Registration District No. 500 Primary Registration District No. 5180

11851
Memo File No. 121
Registrar's No. 121

1. PLACE OF DEATH:
(a) County Fayette
(b) City or town Rural - Springboro
(c) Name of hospital or institution Russell Cave Rd.
(d) Length of stay: in hospital or community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Fayette
(c) City or town Rural - Springboro
(d) Street No. Russell Cave Rd.
(e) If foreign born, how long in U. S. A? yrs

3(a) FULL NAME William Shelton Rose
3(b) If veteran, no 3(c) Social Security no
Name over no No. no
4. Sex male 5. Color or race white 6(a) Single, widowed, married, divorced widowed
6(b) Name of husband or wife Lula-Lillie Fitzpatrick
6(c) Age of husband or wife if alive (1944) Years
7. Birth date of deceased Dec. 6, 1863 (Month) (Day) (Year)
8. AGE: Years 84 Months 5 Days 22 If less than one day hr. min.
9. Birthplace Harrison County Ky.
10. Usual occupation Farmer
11. Industry or business
12. Name James Rose
13. Birthplace Clay County Ky.
14. Maiden name Rachel Kelly Debruler
15. Birthplace Harrison County Ky.
16(a) Informant's own signature Mrs. A. C. Hipshire
(b) Address Fayette County, Ky.
17. BURIAL, CREMATION, OR DISPOSAL
Place Jacksonville Cemetery Date May 30, 1948
18(a) Signature of funeral director Davis Funeral Home
(b) Address Paris, Ky.
19(a) 6-4-1948 (Date received by local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH May 28, 1948
21. I hereby certify that I attended the deceased from Feb. 5 1948
to May 28 1948, that I last saw him alive on Feb. 25 1948, and that death occurred on the date stated above at 1:20 A.M.
Immediate cause of death Arteriosclerotic Heart Disease ? S.S.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 935
Of autopsy
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? In or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (a) Cause of injury
23. Signature [Signature] (U. S. or other)
Address 2886 Pine Ridge Rd. Date signed 5/28/48

N. B.—WRITE PLAINLY WITH BLUE INK. THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.