

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

MAR 21 1936

5867
669

1. PLACE OF DEATH

County..... Jackson Registration District No.....
Township..... Primary Registration District No.....
City..... Kansas City (No. 2015 Jefferson St. Ward)

File No.
Registered No.
St. Ward)

2. FULL NAME Mrs. Johanna Rosenlaf

(a) Residence, No. 2015 Jefferson St., Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter Rosenlaf

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1838

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
97 6 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Finland

13. NAME No record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Mrs. A. J. Anderson
(ADDRESS) 2015 Jefferson

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE Feb. 10 19 36

19. UNDERTAKER Gates Funeral Home
(ADDRESS) Kansas City, Kansas

20. FILED 2-8 19 36 M. M. Crowe, Ant.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7 19 36

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 to Feb 1, 1936
I last saw h. or alive on Feb 1, 1936. Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance

Arteriosclerosis
Debility of Old Age

Name of operation W.o Date of.....
What test confirmed diagnosis? Chemical Was there an autopsy? W.o

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? W.o
If so, specify Caedore Anderson (Signed)....., M. D.

(Address) 1317 Rialto Bldg.

N. B.—Every item of information should be carefully supplied. AGE 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.

