

REC'D AUG 11 1938

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

24730

Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 85  
(b) Township Saint Joseph, Primary Registration District No. 1001 Registered No. 690  
(c) City Saint Joseph, (d) Street No. Missouri Methodist Hospital, St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 212 yrs. mos. ds.

2. PRINT FULL NAME Isaac Newton Rosebaugh,

(a) Residence, No. 217 West Hyde Park Avenue St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Unknown,  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1853  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
84 11 Unk

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter,  
9. Industry or business in which work was done, as saw mill, bank, etc. General,  
10. Date deceased last worked at this occupation (month and year) July 1928 11. Total time (years) spent in this occupation 60  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Pennsylvania,  
13. NAME Unknown,  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,  
15. MAIDEN NAME Unknown,  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

17. INFORMANT (ADDRESS) Mrs. Sam Church  
217 W. Hyde Park Avenue,  
18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE July 7, 1928  
19. FUNERAL DIRECTOR (ADDRESS) Neaton, Beyle & Brown  
319 So. 10th. str. Funeral Home  
20. FILED 7/7 1928 A. J. Stetzel  
City Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1928

22. HEREBY CERTIFY That I attended deceased from June 1, 1928, to July 5, 1928  
I last saw him alive on July 5, 1928. Death is said to have occurred on the date stated above, at 12:20 p.m.  
The principal cause of death and related causes of importance were as follows:

Hypertension Heart Disease Date of onset

Other contributory causes of importance:

Hypertension  
Myocarditis Chronic

Name of operation None Date of                       
What test confirmed diagnosis?                      Was there an autopsy? Yes

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? No  
If so, specify                       
(Signed) T. P. Hovenden, M. D.  
(Address) C. A. O. T. Dennis St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
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.

STATEMENT BY LICENSED EMBALMER

I, Theron O. Smith

Licensed Embalmer No. 3928

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed Theron O. Smith

Licensed Embalmer No. 3928

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.)