V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17403

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2065

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5724 Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether)
In this community: 36 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 5724 Harrison
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME: CATHARINE A. ROSIER
8. (b) If veteran, name war:
8. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: A. Rosier
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb. (Month) 27 (Day) 1854 (Year)

8. AGE: Years	Months	Days	If less than one day
87	2	28	hr. min.

9. Birthplace: Freeport (City, town, or county) / Illinois (State or foreign country)
10. Usual occupation: at home
11. Industry or business:
MOTHER FATHER
12. Name: John Lower
13. Birthplace: (City, town, or county) / Pa. (State or foreign country)
14. Maiden name: Sarah Stemmger
15. Birthplace: Bradford (City, town, or county) / Pa. (State or foreign country)
16. (a) Informant: Ray L. Rosier
(b) Address: Belton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 27, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah Cem., K.C. Mo.
18. (a) Signature of funeral director: E. R. Seong & Sons
(b) Address: Belton, Mo.
19. (a) May 26, 1941 (Date received by local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th year 1941 hour 12 minute 25 P. M.

21. I hereby certify that I attended the deceased from June 21, 1930, to May 25, 1941, that I last saw her alive on May 25, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis & a complete failure of the heart — Duration: Short time
Due to: Mitral Regurgitation
Due to: Do not know
Other conditions: Fracture of the spine about 20 years ago.
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident
(b) Date of occurrence: 20 years ago
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury: Fall

23. Signature: James W. Graham (M. D. or other)
Address: 318 Argyle Bldg. K.C. Date signed: 5-26-41

(Licensed Embalmer's Statement on Reverse Side)

Dr. James W. Graham
518 Argyle Bldg.

SEP 17 1949

DEC 1 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed A. R. George

Licensed Embalmer No. 3645

P. O. Address Grandview, Mo.

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.)

If this body is not embalmed, above space should be left blank.