

FILED OCT 13 1941

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3453

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:  
2910 Troost Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution --  
(Specify whether  
In this community 50 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. 2910 Troost Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country --

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Mrs. Callie Roswell Lorge

20. DATE OF DEATH: Month Sept. day 14th  
year 1941 hour 6 minute 50 P.M.

3. (b) If veteran, name war No 3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from 1937, to Sept 14, 1941  
that I last saw him 4 alive on Sept 13, 1941  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Mr. N. J. Lorge 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased February 3 1881  
(Month) (Day) (Year)

Immediate cause of death Embolic Brain

8. AGE: Years 60 Months 7 Days 11 If less than one day .hr. .min.

Due to Cardiac Renal decomposition  
mitral stenosis  
Due to Ch. nephritis, extended

9. Birthplace Jeffersonville / Indiana  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 1318

MOTHER FATHER

11. Industry or business --  
12. Name George S. Roswell  
13. Birthplace Jeffersonville / Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Ellen North  
15. Birthplace Jeffersonville / Indiana  
(City, town, or county) (State or foreign country)

Major findings: Of operations -- Of autopsy no 1318  
PHYSICIAN --  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Katherine W. Wrenn  
(b) Address 3629 St. Roseville

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? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Burial (b) Date thereof Sept. 16, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director W. H. Newcomer's Sons  
(b) Address 1401 Brush Creek Blvd.  
19. (a) 9/16/41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury --  
23. Signature Walter A. Gustafson (M. D. or other) D  
Address 203 Sherman Date signed 9-15-41

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

12-5-30

**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 *C. Hervey Quisenberry*

Licensed Embalmer No. *4070*

P. O. Address *N. C. 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, fact should be so stated above.**