

FILED JUN 29 1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1000

Registrar's No. 634

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Josephs' Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 days  
(Specify whether years, months or days)  
In this community 2 1/2 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. Victorian Court #110  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME DWIGHT A. ROSEBAUM

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 7 1932  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>12</u>	<u>2</u>	<u>18</u>	_____ hr. _____ min.

9. Birthplace Paris France  
(City, town, or county) (State or foreign country)

10. Usual occupation student

11. Industry or business \_\_\_\_\_

12. Name Dwight A. Rosebaum

13. Birthplace Waveland Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Jeanette B. Brown

15. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dwight A. Rosebaum

(b) Address Victorian Court #110

17. (a) Burial (b) Date thereof 6/26/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Mor-a Vault

18. (a) Signature of funeral director Bethel & Bowman

(b) Address 319 South 10th

19. (a) 6/26/44 (b) Wesley D. Pickle  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25  
year 1944 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 12  
19 44 to June 25 19 44  
that I last saw him alive on June 25 19 44  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Lobar Pneumonia  
Due to tetanus

Duration  
2 days  
9 days

Due to \_\_\_\_\_

Other conditions (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 131

(b) Date of occurrence June 12, 1944

(c) Where did injury occur? St. Joseph Buchanan Mo.  
(City or town) (County) (State)

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

While at work? no Means of injury cut with axe

23. Signature [Signature] Date signed 6/25/44  
Address [Signature]

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

23

1377

JUL 21 1944

**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 Frank A. Bowman

Licensed Embalmer No. 1710

P. O. Address St. Joseph

**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.**