

S. No. 2
M-5-43
v. 5-17-39
I X36671

16826

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2271

Registration District No. 149 Primary Registration District No. 1002

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

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:
6612 PARK 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 6 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. 6612 PARK AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs EVA WILHEMINA ROSSITER
(b) If veteran, name war NO
(c) Social Security No. 185-12-5828

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY day 19TH
year 1946 hour 1 minute 00 P.M.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR. ADOLPH L. ROSSITER
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased DECEMBER 25 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 19th
1946 to May 19th, 1946
that I last saw her alive on May 19th 11:50 AM, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 4 Days 25th
If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage
Coronary Embolism
Due to _____
Due to _____

9. Birthplace PITTSBURGH PENNSYLVANIA
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: none
Of operations _____
Of autopsy none

10. Usual occupation SALES

11. Industry or business EMERY BIRD; THAYER Co.

12. Name UNKNOWN FUNK
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant MR. ADOLPH L. ROSSITER
(b) Address 6612 PARK AVENUE

17. (a) REMOVAL (b) Date thereof MAY-21-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation PITTSBURGH, PENNSYLVANIA

18. (a) Signature of funeral director D. N. Newcomer's Son
(b) Address 1401 BRUSH CREEK BLVD

19. (a) 5-21-46 (b) Heraldine Holman
(Date received local registrar) (Registrar's signature)

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) _____
(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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
Signature B. W. Short (M. D. or other)
Address 1713 E. 55th St Date signed 5/20/46

1713
11-12
CALL 58 & 1011

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 Emile M. Calhoun
Licensed Embalmer No. 3506
P. O. Address Kemo

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.