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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1946

Registration District No. 146

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 23912

Registrar's No. 252

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

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Independence, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 45 Years

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.: 8404 Independence Avenue
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MRS. OLIVE M. ROSELLE

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Robert L. Roselle

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: August (Month) 17th (Day) 1873 (Year)

8. AGE: Years 72 | Months 10 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace: Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Mr. James Ratliff
(b) Address: 327 South Lawn, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 11, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Moriah Cemetery

18. (a) Signature of funeral director: Freeman Mortuary & Chapel
(b) Address: 104 West 42nd St. Kansas City, Mo.

19. (a) 7-15-1946 (Date received local registrar) (b) [signature] (Registrar's signature)

354 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th year 1946 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from July 1, 1946, to July 8, 1946 that I last saw her alive on July 8, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage Left hemiplegia — Duration 1 wk

Due to: Hypertensive Cardio-vascular disease — several yrs

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):
(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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Chas. E. Nelson M.D. (M.D. or other)
Address: Independence, Mo. Date signed: 7/9/46

JAN 30 1947

1st National Bank Bldg
Lindsay, Mo

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.