

FILED JUL 14 1947

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 825

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

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:
3206 Seneca Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution... (Specify whether)
 In this community 43 years (Specify whether)
 years, months or days)

3. (a) PRINT FULL NAME Wilbur H. Rosecrans
3. (b) If veteran, name war. No **3. (c) Social Security** No none
4. Sex Male **5. Color or** White **6. (a) Single, widowed, married,** Married
 race **6. (b) Name of husband or wife** Florence Mae Rosecrans **6. (c) Age of husband or wife if** 85
 divorced **7. Birth date of deceased** July 21, 1861
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>85</u>	<u>11</u>	<u>10</u>	hr. min.

9. Birthplace Delaware County Ohio
 (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business Accountant
12. Name Peter J. Rosecrans
13. Birthplace Sunbury Ohio
 (City, town, or county) (State or foreign country)
14. Maiden name Maria Landon
15. Birthplace Sunbury Ohio
 (City, town, or county) (State or foreign country)
16. (a) Informant Florence Mae Rosecrans
(b) Address 3206 Seneca St.
17. (a) Burial **(b) Date thereof** July 3, 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery
18. (a) Signature of physician Gordon W. Jenkins
3023 King Hill Ave.
(b) Address
19. (a) 7-8-47 **(b)** G. W. Jenkins
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan 11
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL") 1
(d) Street No. 3206 Seneca
 (If rural, give location) 7
(e) Citizen of foreign country? No (Yes or No) 2
 If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July 1 day
 year 1947 hour 1 minute 30 a. m.
21. I hereby certify that I attended the deceased from July 1
1947 to occurred July 1 to July 1 1947
 that I last saw him alive on May 2 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular
Renal Disease
Due to Arterio Sclerosis 10 yrs
Essential Hypertension 12 yrs
Other conditions (Include pregnancy within 3 months of death)
Major findings: none
Of operations: none
Of autopsy: none

Duration
<u>8 yrs</u>
<u>10 yrs</u>
<u>12 yrs</u>

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) 0
While at work? (c) Means of injury
23. Signature Gordon W. Jenkins (M. D. or other)
Address 845 So. 19th St. Joseph Mo **Date signed** 7-2-47

OCT 27 1947

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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 *Earl A. Clark*

Licensed Embalmer No. 4258

P. O. Address St. Joseph, 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.