

FILED FEB 3 1948  
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:  
**Kansas City General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **9 days**  
(Specify whether  
In this community **23 yrs**  
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. **1228 Penn**  
(If rural, give location)  
(e) Citizen of foreign country? **no.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **James Rosell**  
(b) If veteran, name war **no**  
(c) Social Security No. **no**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **January** day **22**  
year **1948** hour **11** minute **40** AM.

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Divorced**  
6. (b) Name of husband or wife **Anna P. Rosell**  
6. (c) Age of husband or wife if alive **18 1/2** years  
7. Birth date of deceased **Oct. 13 - 1854**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **January 14, 1948 to January 22, 1948**  
that I last saw him alive on **January 22, 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the head of the Pancreas**  
Duration \_\_\_\_\_

| 8. AGE: | Years     | Months   | Days     | If less than one day |
|---------|-----------|----------|----------|----------------------|
|         | <b>93</b> | <b>3</b> | <b>9</b> | hr. min.             |

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

9. Birthplace **Ky - 1**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Retired Farmer**

Other conditions: (Include pregnancy within 3 months of death) **468**

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name **Joseph F. Rosell**  
13. Birthplace **Ky - 1**  
(City, town, or county) (State or foreign country)  
14. Maiden name **No Record**  
15. Birthplace **No Record**  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy **See above**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Ethel Rosell**  
(b) Address **1228 Penn**  
17. (a) **Removal** (b) Date thereof **Jan 23-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Garnett Raus**  
18. (a) Signature of funeral director **Mrs. C. R. Foster**  
(b) Address **918 Broadway**  
19. (a) **1-23-48** (b) **Deraldine Holmes**  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_  
23. Signature **W. W. Hart** (M. D. or other) **Med. Dir. General Hospital**  
Address \_\_\_\_\_ Date signed **1-22-48**

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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 Robert A. Herrmann

Licensed Embalmer No. 3700

P. O. Address 918 Brooklyn

**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. ,**