

S. No. 2
M-5-43
7-5-17-39
I X36871

FILED DEC 29 1948

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5037

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:
St. Mary's Hospital, Kansas City, Missouri
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 Weeks
(Specify whether years, months or days)
 In this community 50 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. 2840 Benton Blvd.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Jesse D. Rosson

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Mrs. Dora Rosson 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased August 13 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>3</u>	<u>25</u>	hr. min.

9. Birthplace Meade County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Yardman Retired 15 Years

11. Industry or business Mo. Pacific Railroad

12. Name John K. Rosson

13. Birthplace Oregon County Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Gauline Dalton

15. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Doris Hoffman

(b) Address 1508 Yecker Ave., K.C.K.

17. (a) Removal (b) Date thereof Dec. 11, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cemetery K.C. Kans.

18. (a) Signature of funeral director Jos. A. Butler's Sons

(b) Address 22 South 18th. St. K.C.K.

19. (a) 12-10-48 (b) St. Verdine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8
 year 1948 hour 8 minute 25 P M.

21. I hereby certify that I attended the deceased from November
1948 to December 8, 1948;
 that I last saw h. in alive on December 8, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death: Circulatory Failure Duration 5 days
Arteriosclerotic Heart Disease 5-6 yrs

Due to Arteriosclerotic Heart Disease 5-6 yrs

Other conditions: Carcinoma of Prostate 4-5 yrs
(include pregnancy within month of death)
metastasis to pelvic bones
 Major findings: 518
 Of operations.....
 Of autopsy.....

Duration
 5 days
 5-6 yrs
 4-5 yrs
 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?
K.C. Kans.

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

23. Signature J. E. Castles (M. D. ~~Castles~~)
 Address 1002 Arroyo Blvd Date signed Dec 10-48

Kansas City, Mo.

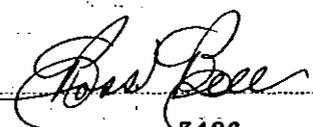
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....


Licensed Embalmer No..... **3426**

P. O. Address..... **Kansas City 2, Kansas**

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.