

FILED MAR 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4872**  
**607**

|   |  |  |   |   |                                    |  |   |   |  |
|---|--|--|---|---|------------------------------------|--|---|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>  |   | PRIMARY REG. DIST. NO. <u>1002</u>  |                                    | Registrar's No. _____  |   |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY <b>JACKSON</b> |                                    |  |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Kansas City</b>  |  | c. LENGTH OF STAY (In this place)<br><b>53 yrs</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Kansas City</b>  |                                    | 4b. <b>42</b><br>3<br>0  |   |   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>R100 E 36th St</b>   |  |  |   | d. STREET ADDRESS (If rural, give location)<br><b>5818 E 10 th St</b>   |                                    |  |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) <b>Rosanna</b>   |  |  | a. (First)  |   | b. (Middle) <b>Eth</b>             |  | c. (Last)                                 |   |  |
| 4. DATE OF DEATH <b>Feb 9, 1949</b>   |  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> |   | 8. DATE OF BIRTH <b>10-16-1879</b> |  | 9. AGE (In years last birthday) <b>69</b> |   |  |
| 5. SEX <b>Female</b>  |  | 6. COLOR OR RACE <b>White</b>  |   | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>                                  |                                    | 10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>                        |   | 11. BIRTHPLACE (State or foreign country) <b>Neb</b>                                |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |  | 13a. FATHER'S NAME <b>John Marshall</b>  |   | 13b. MOTHER'S MAIDEN NAME <b>Elizabeth Miller</b>   |                                    | 14. NAME OF HUSBAND OR WIFE <b>Francis Eth</b>                       |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>  |  | 16. SOCIAL SECURITY NO. <b>None</b>  |   | 17. INFORMANT'S SIGNATURE OR NAME <b>Ray Eth</b>  |                                    | ADDRESS <b>5827 E 11 th St</b>                                       |   | <b>Kansas City, Mo.</b>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho pneumonia, acute</b><br>INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Cerebral hemorrhage, old</b> <b>1-2 yrs</b><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>352X</b> |   |   |                                    |  |   |   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |   |   |                                    |  |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE <b>no</b>  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |                                    |  |   |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |   | 21f. HOW DID INJURY OCCUR?  |                                    |  |   |   |  |
| 22. I hereby certify that I attended the deceased from <u>Jan 1</u> , 19 <u>49</u> , to <u>2-8</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-8</u> , 19 <u>49</u> , and that death occurred at <u>11:30</u> a.m., from the causes and on the date stated above. |  |  |   |   |                                    |  |   |   |  |
| 23a. SIGNATURE <b>L. E. Miller</b> (Degree or title) <b>md</b>  |  |  |   | 23b. ADDRESS <b>730 Prof. Bldg. KC Mo</b>   |                                    |  |   | 23c. DATE SIGNED <b>2/10/49</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |  | 24b. DATE <b>2-12-49</b>   |   | 24c. NAME OF CEMETERY OR CREMATORY <b>St. Marys</b>   |                                    | 24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b> |   |   |  |
| DATE REC'D BY LOCAL REG <b>2-10-49</b>  |  | REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE <b>John C. Keith R. C. W.</b> ADDRESS _____  |                                    |  |   |   |  |

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

See Letter 2<sup>PM</sup>  
Prof. Bliz.

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*John P. Sheil*

Licensed Embalmer No. *3625*

P. O. Address *A. C. 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.