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FILED JUN 19 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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STATE FILE NUMBER  
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2626

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4310 HARRISON		d. STREET ADDRESS 4310 HARRISON	
3. NAME OF DECEASED (Type or print) First MIDDLE Last LUCIAN ROSENWALD		4. DATE OF DEATH Month Day Year JUNE 2, 1957	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 9, 1875
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		9b. KIND OF BUSINESS OR INDUSTRY Self Employed	
10a. FATHER'S NAME EMANUEL ROSENWALD		10b. BIRTHPLACE (City and state or country) LAS VEGAS, NEW MEXICO	
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. SOCIAL SECURITY NO. 486-01-8232		13. NAME OF HUSBAND OR WIFE EMMA F. ROSENWALD	
14. INFORMANT MR ROBERT E. ROSENWALD		Address 4910 K.C. MO. HARRISON	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia DUE TO (b) Bronchiectasis and Emphysema DUE TO (c) Cor Pulmonale			INTERVAL BETWEEN ONSET AND DEATH 1 week 10 yrs. 526th
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Cor Pulmonale			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 1947 to June 2, 1957 and last saw <sup>them</sup> him alive on June 2, 1957 Death occurred at 7:03p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Jack W. Wolf		22b. ADDRESS 409 E. 63 St. Kansas City, MO.	
22c. DATE SIGNED June 3, 1957			
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		23b. DATE JUNE 3 1957	
23c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS		23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		25. DATE RECD. BY LOCAL REG. 6-4-57	
26. REGISTRAR'S SIGNATURE Neva Minshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Jack W. Wolf



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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul B. Williamson

Licensed Embalmer No. 5009  
P. O. Address Overland Park, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.