URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–040343

FILED VS NOV 23 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5318 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 47 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 609 E 9th — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Albert Middle: D Last: Rosenbalm
4. DATE OF DEATH Month: 11 Day: 2 Year: 59
5. SEX male
6. COLOR OR RACE white
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH 3-17-98
9. AGE (last birthday) 61 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Misc. Jobs
11. BIRTHPLACE (City and state or country) Elmstore, Arkansas
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Henry Rosenbalm
13b. MOTHER'S MAIDEN NAME Mary "unknown"
14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 463-14-5427
17. INFORMANT Records: Jackson County Welfare Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of the Rectum
c̄ widespread metastasis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-11-1959 to 11-2-1959 and last saw him alive on 11-2-1959
Death occurred at 5:45 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H L Dwyer (Degree or title) M.D.
22b. ADDRESS 2400 Cherry Kansas City, Mo
22c. DATE SIGNED 11-3-59

BY AFFIDAVIT OF H. L. Dwyer

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 11-5-59
23c. NAME OF CEMETERY OR CREMATORY Mount Calvary Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Kansas
24. FUNERAL DIRECTOR WEILERT FUNERAL HOMES (W) K.C., MO. ADDRESS
25. DATE RECD. BY LOCAL REG. 11-4-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by n

~~or by~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jack F. Moore

Licensed Embalmer No. 4229

P. O. Address Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.