

FILED APR 8 1942 99

Registration District No. **299**

Primary Registration District No. **1002**

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

48
3
8

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:
Mrs. Alcott's Rest Home-309 Garfield
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Days 4
(Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4502 Park Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME Mr. Harry Wilson Rosensteel

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mrs. Minnie Rosensteel 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased October 27 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 4 25 28 hr. min.

9. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Retired 11 Years

MOTHER FATHER { 12. Name Tobias Rosensteel
13. Birthplace Holland
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Arbison
15. Birthplace Pittsburgh Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant James Wilson Rosensteel
(b) Address 4502 Park Avenue

17. (a) Cremation (b) Date thereof Mar. 24, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial of cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 3-24-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd
year 1942 hour 6 minute 05 P.M.

21. I hereby certify that I attended the deceased from March 8
1942 to March 20, 1942
that I last saw him alive on March 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to Sclerosis Chronic nephritis
Other conditions 12/15
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy arterio sclerosis
degeneration of kidney

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) Means of injury
23. Signature John G. Hering (M. D. or other) MD
Address 619 Garfield Date signed 3-23-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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

C. Hervey Quisenberry

Licensed Embalmer No. *4070*

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.