

FILED NOV 9 1942

3887

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

48
8962

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

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:
3330 East 18th. Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 3330 East 18th
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Altia Rosebraugh

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19th.
year 1942 hour 8 minute P. M.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Fred M. Rosebraugh

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Feb 19 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8/8/42 to 10/9/42

that I last saw her alive on 10/9 and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 8 Days 0

If less than one day hr. min.

Immediate cause of death: Coronary Thrombosis

Duration

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

Due to 94a

Due to

10. Usual occupation housewife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations

12. Name Ira Hurd

13. Birthplace Mich 1
(City, town, or county) (State or foreign country)

Of autopsy

14. Maiden name Annalena Hester

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

Underline the cause to which death should be charged statistically.

16. (a) Informant Margaret Dildine

(b) Address Chicago Ill

22. If death was due to external causes, fill in the following:

17. (a) Removal (b) Date thereof Oct 23-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope K.C.

(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?

18. (a) Signature of funeral director Min C. H. Fowler

(b) Address 918 Brooklyn

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

19. (a) 10-21-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

23. Signature H. C. Truppe (M. D. or other)

Address 1022 Arapahoe Date signed 10/20/42

561

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 me

working under my personal supervision.

Registered Apprentice No. _____

Signed C. H. Wise

Licensed Embalmer No. 2570

P. O. Address Kansas, City

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.