. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27920

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3409

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: 910 West 27th St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 910 West 27th St. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME ANDREW A. ROSEEN

3. (b) If veteran, name war No

3. (c) Social Security No. 513-09-1020

4. Sex Ma O

5. Color or race Wh

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

6. (b) Name of husband or wife Ellen M. Roseen

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased September (Month) 23 (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	10	15	hr. min.

9. Birthplace (City, town, or county) Sweden 4 (State or foreign country)

10. Usual occupation Retired Foreman

11. Industry or business S.W.Milling Co.

FATHER
12. Name No Record
13. Birthplace (City, town, or county) Sweden 4 (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace (City, town, or county) Sweden 4 (State or foreign country)

16. (a) Informant Mrs. Ellen M. Roseen

(b) Address 910 W. 27th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-47 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City, Mo.

19. (a) 8-9-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8th year 1947 hour 3: minute 30 A M.

21. I hereby certify that I attended the deceased from July 31 - 1947, to Aug 8 1947; that I last saw him alive on Aug 7 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Gastric hemorrhage — Duration 12 hrs

Due to Metastasis

Due to Ca of Prostate

Other conditions Debility
(Include pregnancy within 3 months of death)

Major findings:
Of operations — 51 b

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury 6

23. Signature Fred C. Young (M. D. or other)

Address 1401 S.W. Blvd K.C. Ks. Date signed Aug 8/47

(Licensed Embalmer's Statement on Reverse Side)

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. Alvin R. Haenschild

Licensed Embalmer No. 4159

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.