

FILED AUG 28, 1947

Registration District No. 174

Primary Registration District No. 5644

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Lafayette
(c) Name of hospital or institution: 2 mi West 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 70 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Lafayette
(c) City or town Lafayette
(d) Street No. 2 mi W
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SARAH E ROSEWALL
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edward Rosewall 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 30 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
12. Name Thomas Banks
13. Birthplace England
14. Maiden name Miss
15. Birthplace England

16. (a) Informant ms Ellen Cheney

(b) Address Lafayette MO
17. (a) Burial (b) Date thereof 8-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lafayette MO

18. (a) Signature of funeral director Harish Campbell

(b) Address Lafayette MO

19. (a) Aug 12 1947 (b) M. E. Eastman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8 year 1947 hour 2 minute P M.
21. I hereby certify that I attended the deceased from Oct 1945 to Aug 8 1947
that I last saw her alive on Aug 8 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary of left chest

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 53

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) (e) Means of injury _____

23. Signature Ben H. Brasher (M. D. or other)

Address Lafayette MO Date signed 8/9/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Blair

~~RECEIVED~~
~~District Health Officer No. 8~~
~~District File Number~~
~~Date Filed~~

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-27-47

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 *J. W. McKean*
Licensed Embalmer No. 2983
P. O. Address *Leighton Ave*

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.