S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 2 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 44901
Registrar's No. 5298

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: 5144 NORTON AVENUE (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community: 20 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON
(c) City or town: KANSAS CITY (If outside city or town limits, write "RURAL")
(d) Street No.: 5144 NORTON 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 ELMER ROSECRANS, SR.
3. (b) If veteran, name war: No
3. (c) Social Security No.: 494-12-1657
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: MRS. ELFIE MAY ROSECRANS
6. (c) Age of husband or wife if alive: LIVE years
7. Birth date of deceased: JULY (Month) 10 (Day) 1886 (Year)

8. AGE: Years	Months	Days	If less than one day
61	5	5	..... hr. ..... min.

9. Birthplace: KIRWIN (City, town, or county) KANSAS (State or foreign country)
10. Usual occupation: HOTEL OWNER
11. Industry or business: 1104 PENN
MOTHER FATHER
12. Name: ASA ROSECRANS
13. Birthplace: KIRWIN (City, town, or county) KANSAS (State or foreign country)
14. Maiden name: JANE WATRUS
15. Birthplace: KIRWIN (City, town, or county) KANSAS (State or foreign country)
16. (a) Informant: MR. H. E. ROSECRANS
(b) Address: 5144 NORTON
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof: DEC 17 1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: CARTERVILLE, MISSOURI
18. (a) Signature of funeral director: D. H. Nuwomer's Sons
(b) Address: 1401 BRUSH CREEK BLVD.
19. (a) 12-16-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 15TH year 1947 hour 9 minute 20 A.M.
21. I hereby certify that I attended the deceased from September 1947 to 12-15-1947 that I last saw him alive on 12-15-1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Metastatic Carcinoma both Lungs — Duration
Due to: Primary Carcinoma Right lobe of Thyroid
Due to:
Other conditions: Mediastinal Metastatic tumor
(Include pregnancy within 3 months of death)
Major findings:
Of operations: 5 Dec
Of autopsy: above - by Dr. A. G. Clopper

PHYSICIAN — Underline the cause of 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

23. Signature: W. Allyn, M.D. (M. D. or other)
Address: 1115 Grand, Kansas City, Mo. Date signed: 12/15/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

815-[illegible] Bldg.
9:30-1

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 Bernard L Loran

Licensed Embalmer No. 4250

P. O. Address NC 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.