U.S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24795

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 291

0480

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3 Blue
c. LENGTH OF STAY (in this place): 8 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence, 11313 Perry

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3 Rural Blue 0480
d. STREET ADDRESS (If rural, give location): 11313 Perry

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): B
c. (Last): Rosewall

4. DATE OF DEATH (Month) (Day) (Year): July 15, 1952

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 31, 1921
9. AGE (In years last birthday): 30 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bus Driver
10b. KIND OF BUSINESS OR INDUSTRY: K.C. Public Service
11. BIRTHPLACE (City and State or Foreign Country): Lexington, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Rosewall
13b. MOTHER'S MAIDEN NAME: Sarah Perry
14. NAME OF HUSBAND OR WIFE: Frances Rosewall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 494 14 7382
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Frances Rosewall, Kansas City 3, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 4:45A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo C Fredeloff M.D. Deputy Coroner 3
23b. ADDRESS: 4050 Broadway Kcmo
23c. DATE SIGNED: 7-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/18/52
24c. NAME OF CEMETERY OR CREMATORY: MOUND GROVE
24d. LOCATION (City, town, or county) (State): INDEPENDENCE, Mo.

DATE REC'D BY LOCAL REG.: 7-18-52
REGISTRAR'S SIGNATURE: James R. Craig 3-54
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Geo. C. Carson, Independence, Mo.

(Licensed Embalmer's Statement on Reverse Side)

AUG 4 REC'D

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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address Indep. 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.