

NOV 18 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36147
Do not use this space.

1. PLACE OF DEATH
 (a) County Wright Registration District No. 328
 (b) Township Trenton Primary Registration District No. 3017 Registered No. _____
 (c) City Trenton (d) Street No. Wright Memorial Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 250 Lonella Rossor
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-21-39

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 12 hrs. or 30 min.
0	0	0	0	12 hrs. or 30 min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-21-1939
 22. I HEREBY CERTIFY, That I attended deceased from 7-21-39, 1939, to 7-21-1939, 1939
 I last saw her alive on 7-21-1939 Death is said to have occurred on the date stated above, at 5:15 p.m.
 The principal cause of death and related causes of importance were as follows:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 0
 13. NAME Howard Hubert Rossor
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 0
 15. MAIDEN NAME Margaret Harper
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 17. INFORMANT Mrs Guy Hatfield
 (ADDRESS) Trenton Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Gees Creek Co DATE July 22 39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Family
 20. FILED 7-22-39 Jene D Jan Local Registrar.

Date of onset 7-21-39
 Other contributory causes of importance: 15A
 Name of operation Clincal Date of _____
 What test confirmed diagnosis? Clincal Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify OPB Rook, M. D.
 (Signed) OPB Rook, M. D.
 (Address) Trenton Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 11,
District File Number 1139-1581

Date Filed

NOV 16 1939

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.