

DEC 15 1939

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

39563
Do not use this space.

1. PLACE OF DEATH
 (a) County Gasconade Registration District No. 306
 (b) Township Boeuf Primary Registration District No. 5424
 (c) ~~City~~ Stonyhill (d) Street No. _____ 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 John Louis Rousset
 (a) Residence, No. Stonyhill, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rebecca Rousset

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1862

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>76</u>	<u>11</u>	<u>20</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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

12. BIRTHPLACE (CITY OR TOWN) New Haven, Mo. RFD
 (STATE OR COUNTRY)

FATHER
 13. NAME Henry Rousset
 14. BIRTHPLACE (CITY OR TOWN) Berlin, Germany
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) II
 (STATE OR COUNTRY)

17. INFORMANT Elmer Rousset, New Haven, Mo. RFD
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Stonyhill, Mo. DATE Nov. 11 39

19. FUNERAL DIRECTOR (NAME) Herman Blumer
 (ADDRESS) Berger, Mo.

20. FILED 11-10-1939 John Engelbrecht
 (Address) Stonyhill, Mo.
 Registrar

MEDICAL CERTIFICATE OF DEATH 5:10 PM

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1939 to Nov. 8, 1939
 I last saw him alive on Oct 8, 1939. Death is said to have occurred on the date stated above, at 5:10 P.M.
 The principal cause of death and related causes of importance were as follows:
Branch Pneumonia
124h
 Date of onset 10-18-1939

Other contributory causes of importance:
Renal Brand
gravel.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical 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 _____
 (Signed) John Engelbrecht, M. D.
 (Address) Stonyhill, Mo.

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.

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, only

....., Registered Apprentice No.
working under my personal supervision.

Signed Norman P. Blumberg

Licensed Embalmer No. 528

P. O. Address Berger, 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, above space should be left blank.