

No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28379

FILLED SEP 10 1941 328
Registration District No.

Primary Registration District No. 3017

State File No.

Registrar's No.

1. PLACE OF DEATH:
(a) County BRUNDY
(b) City or town TRENTON
(c) Name of hospital or institution: 106 HARRIS
(d) Length of stay: In hospital or institution 49 years
In this community 49 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Trenton, Mo
(d) Street No. 106 Harris Ave
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME ARTHUR LEE ROSSON
3. (b) If veteran, name war NONE
3. (c) Social Security No. 495-01-5058

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 26 year 1941 hour 2:55 minute P M.
21. I hereby certify that I attended the deceased from Jan 1, 1941 to May 26, 1941
that I last saw him alive on May 13, 1941
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rhoda E. Rossos
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Woman 26 (Month) 1882 (Day) (Year)

Immediate cause of death: aneurism of aortic arch
Due to aneurism of aortic arch
Other conditions: 300
Major findings: 300
Of operations: 300
Of autopsy: 300

8. AGE: Years 58 Months 6 Days 0
If less than one day hr. - min.

9. Birthplace Livingston County, Missouri

10. Usual occupation Truck Driver

11. Industry or business Wholesale Green Company

12. Name JAMES ROSSON

13. Birthplace Terre Haute, Indiana

14. Maiden name Marie Marie

15. Birthplace Livingston County, Missouri

16. (a) Informant Rhoda Rossos

(b) Address Trenton, Mo

17. (a) burial (b) Date thereof May 28, 1941

(c) Place: burial or cremation Moreland Cemetery, Trenton, Mo

18. (a) Signature of funeral director Raymond A. Davis

(b) Address Trenton, Missouri

19. (a) 5-28-41 (b) Frederic Star

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature D. R. Rooks (M. D. or other) D
Address Trenton, Mo Date signed 5/27/41

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

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

Signed.....

Licensed Embalmer No. *3424*

P. O. Address. *Quinton, 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.