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

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Frank Rosser

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 11, 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>4</u>	<u>10</u>	hr. _____ min.

9. Birthplace Ralls County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Secretary Treasurer

11. Industry or business Hannibal Production Credit Ass.

MOTHER FATHER

12. Name William Rosser
13. Birthplace Ralls County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Keithly
15. Birthplace Ralls County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W.F. Rosser

(b) Address 3215 St. Mary's Hannibal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/43
(Month) (Day) (Year)

(c) Place: burial or cremation Barkley Cem.

18. (a) Signature of funeral director Tom M. Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 1/23/43 (Date received from registrar) (b) McDonovan (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 3215 St. Mary's
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21
year 1943 hour 12 minute 00 PM

21. I hereby certify that I attended the deceased from 1-12-43
_____ 19____ to 1-21 1943;
that I last saw him alive on 1-21 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic poisoning

Due to Hodgson's disease

Due to --

Other conditions --
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy no

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? _____

While at work? _____ (Specify type of place)
Means of injury _____

23. Signature Robert L. ... (M. D. or other)
Address 500 Broadway Date signed 1-22-43

Duration

6 days

2-3

years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....
..... George T. Bond, Registered Apprentice No. 350.....
working under my personal supervision.

Signed..... Wm. M. Smith

Licensed Embalmer No. 1204.....

P. O. Address Hannibal Missouri.....

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Marion } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 22

On this day of January, 1943, before me appears.....

Mrs. W. F. Rosser, who, upon her oath, states that the original record of ~~birth~~ death
for William Frank Rosser, ^{died} ~~born~~ January 31, 1943, in the State of
Missouri, and which was filed at Hannibal on 1-23- 1943, should be corrected as follows:

Item No. 7 should read September 11, 1895

Instead of September 11, 1894

Item No. 8 should read 46 yrs. 4 mths 10 days

Instead of 47 yrs. 4 mths 10 days

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs W. F. Rosser Wife
Mrs. W. F. Rosser Relationship.
3215 St. Mary's, Hannibal Missouri
Present Address.

Subscribed and sworn to before me this 30 day of January, 1943.

My Commission expires September 20-1946 Ellice Louise Hodgdon Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

7000