

S. No. 2  
OM-5-42  
5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21972**  
Registrar's No. **145**

**FILED JUN 22 1943**  
Registration District No. **227**

Primary Registration District No. **3043**

64  
3  
4

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

1. PLACE OF DEATH:  
(a) County **Marion**  
(b) City or town **Hannibal**  
(c) Name of hospital or institution: **St. Elizabeth Hospital**  
(d) Length of stay: In hospital or institution **11 months**  
In this community **11 months** years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Marion**  
(c) City or town **Hannibal**  
(d) Street No. **3107 Rendlen Avenue**  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **William Augustus Rosser**  
3. (b) If veteran, name war  
3. (c) Social Security No. **487-14-1625**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **May** day **21** year **1943** hour **3** minute **50 P.** M.

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mary Jane**  
6. (c) Age of husband or wife if alive **32** years  
7. Birth date of deceased **July 17, 1914**

21. I hereby certify that I attended the deceased from **7-17** to **5-21**, 19**43**; that I last saw him **alive** on **5-21**, 19**43** and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>28</b>	<b>10</b>	<b>5</b>	hr. min.

Immediate cause of death **Pneumonia - urinary sepsis -**  
Duration **4 d**  
Due to **Paraplegia - 6 T downward** **11 mo**

9. Birthplace **Hannibal Missouri** (City, town, or county) (State or foreign country)

Due to **Sun shot wound severing spinal cord at 2nd T vertebra** **11 mo**

10. Usual occupation **Truck Driver**

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business  
12. Name **Hilbert Rosser**  
13. Birthplace **Ralls County Missouri**  
14. Maiden name **Alicia Bartholomew**  
15. Birthplace **St. Louis Missouri**

PHYSICIAN  
Major findings: **166**  
Of operations  
Of autopsy

16. (a) Informant **Mrs. Alicia Rosser**  
(b) Address **3107 Rendlen Avenue**  
17. (a) Burial (b) Date thereof **5/23/43**  
(c) Place: burial or cremation **Mount Olivet Cemetery**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Homicide**  
(b) Date of occurrence **June 22 - 1942**  
(c) Where did injury occur? **St. Louis St. Louis Mo**  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**

18. (a) Signature of funeral director **R. M. Smith**  
(b) Address **902 Broadway Hannibal**  
19. (a) **524-43** (b) **R. H. Connor**  
(Date received local registrar) (Registrar's signature)

While at work **no** (Specify type of place) Means of injury **Sun shot**  
23. Signature **Harold S. Suddeth** (M. D. or other) **MD**  
Address **Hannibal Mo** Date signed **5-22-43**

**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

*John 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.**