

FILED APR 28 1944

Registration District No. 48

Primary Registration District No. 5173 A

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Leader City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
876.3 Highway - 1 mile south of Piffurn City  
(If noted hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... 69 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Leader City  
(If outside city or town limits, write "RURAL")

(d) Street No. 876.3 Highway - 1 mile south of P.C. Mo  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Laura Jane Rosson

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

4. Sex Fe 5. Color Wh 6. (a) Single, widowed, married  
divorced Married

6. (b) Name of husband or wife Daniel N. 6. (c) Age of husband or wife if  
alive 79 years

7. Birth date of deceased August 29 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 7 3 hr. .... min.

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

10. Usual occupation Housework

11. Industry or business at home

12. Name William Johnson

13. Birthplace Union Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Betty Little

15. Birthplace Union Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Sam S. Rosson

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof April 4 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood, Mo.

18. (a) Signature of funeral director James Richter

(b) Address 700 Jefferson

19. (a) 4-3-44 (b) W. Marwan Richter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 2  
year 1944 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from  
Feb 2 1944 to Apr 2 1944  
that I last saw her alive on Feb 21 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia 2 days  
Terminal to Pulvic Carcinoma 1 yr

Due to She was treated for carcinoma  
at Mo State Cancer Hospital

Due to Columbia Mo

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

Major findings:  
Of operations..... 552

Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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)  
(e) Means of injury.....

23. Signature James A. Hill (M. D. or other)  
Address Jefferson City Mo Date signed 4/3 44

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 4-27-44

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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.....

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

Signed *A. Anderson*

Licensed Embalmer No. 3641

P. O. Address *Jmo*

**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.