V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22914

State File No.

FILED AUG 6 1946

Registration District No. 389 Primary Registration District No. 5163 Registrar's No. 15

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

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Tebbetts (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5 miles N-W of Tebbetts
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 60 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Callaway
(c) City or town Cedar City
(If outside city or town limits, write "RURAL")
(d) Street No. Near River bridge
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Daniel H. Rosson
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 Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 22 (Day) 1864 (Year)

8. AGE: Years 82 Months 3 Days 0 If less than one day hr. min.

9. Birthplace Howard County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business
FATHER
12. Name Samuel Rosson
13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Elizabeth Hiller
15. Birthplace Callaway County (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Daniel Rosson Jr.
(b) Address Cedar City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-46 (Month) (Day) (Year)
(c) Place: burial or cremation Englewood (Boone County)
18. (a) Signature of funeral director Tannus Lewis
(b) Address 700 Jefferson
19. (a) July 26 (Date received local registrar) (b) LeRoy Claypool (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1946 hour 12 minute noon M.
21. I hereby certify that I attended the deceased from was called 19 to 19 ; that I last saw him alive on after death of Deceased 19 ; and that death occurred on the date and hour stated above.
Immediate cause of death Sheer exaution from overheating and excitement caused by fighting a grass fire which was about to distroy house & barn
Due to
Due to
Duration
Other conditions Was 82 yrs of age
(Include pregnancy within 3 months of death)
Major findings: Of operations probably also a Cardiac Insufficiency
Of autopsy 20
950

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? (Specify type of place)
While at work? (e) Means of injury 3
23. Signature T. P. Garrett Coroner (M. D. or other)
Address Fulton Mo Date signed 7-23-46

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. 9
District File Number 8-46-23
Date Filed 8-3-46

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.....

Licensed Embalmer No. 3641

P. O. Address.....

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.