

**FILED SEP 11 1946**Registration District No. 31Primary Registration District No. 4040Registrar's No. 27

## 1. PLACE OF DEATH:

- (a) County Benton  
 (b) City or town Cole Camp  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Years (Specify whetherIn this community 15 Years  
years, months or days)3. (a) PRINT FULL NAME Samuel DeRossett

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

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

6. (b) Name of husband or wife Della 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased February 16th 1873  
 (Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 11 If less than one day  
 hr. min.

9. Birthplace Jacksonville Ill  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Fisherman

11. Industry or business

MOTHER FATHER { 12. Name John DeRossett 9  
 13. Birthplace Unknown 9  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mabel Sinnett(b) Address Eldon Mo

17. (a) Burial (b) Date thereof Aug 29, 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cole Camp Cemetery18. (a) Signature of funeral director E. L. Eickhoff(b) Address Cole Camp Mo

19. (a) Sept 5 1946 (b) Pauline Harris  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Benton 8  
 (c) City or town Cole Camp 0  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. (If rural, give location) 0  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27th  
 year 1946 hour 7 minute 7 P. M.

21. I hereby certify that I attended the deceased from never, 19 never, 19 never  
 that I last saw him alive on 8-27, 19 46  
 and that death occurred on the date and hour stated above

Immediate cause of death Gun shot in head (Bullet) Duration

Due to suicide

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
 Of operations

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:

- (c) Accident, suicide, or homicide (specify) suicide  
 (b) Date of occurrence 8-27-1946  
 (c) Where did injury occur? Cole Camp, Benton Mo  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home

While at work? (Specify type of place) Gun shot  
 (e) Means of injury

23. Signature P. R. Carney (M. D. or other) MD  
 Address Cole Camp, Mo Date signed 8-28-46

RECEIVED

District Officer No. 7,

District 8-46-933

Date Filed 9-9-46

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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 E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.**