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5-17-39

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

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED MAY 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16089

Registration District No. 4328

Primary Registration District No. 3021

Registrar's No.

1. PLACE OF DEATH

(a) County... Grundy

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

(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Grundy 40

(c) City or town... Trenton 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1601 Nichols 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Thomas Henry Rosson

3. (b) If veteran, name war... World War I

3. (c) Social Security No. _____

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced... married

6. (b) Name of husband or wife... Grace Suzie Rosson

6. (c) Age of husband or wife if alive... 51 years

7. Birth date of deceased... aug 27 1896
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>8</u>	<u>4</u>	hr. min

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

10. Usual occupation... laborer

11. Industry or business... laborer

12. Name... James Rosson

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

14. Maiden name... Nancy Konicak

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

16. (a) Informant... Grace Rosson

(b) Address... 1601 Nichols

17. (a) Buried (b) Date thereof... 5-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Maple Grove

18. (a) Signature of funeral director... Phidias P. [Signature]

(b) Address... Trenton Mo.

19. (a) 5-3-48 (b) Gene Sawyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1948 hour 3 minute 40 P.M.

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

Immediate cause of death... Cerebral Stenosis

Due to _____

Due to _____

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

Major findings: Of operations... 45

Of autopsy _____

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)

23. Signature... Ed Cullen (M. D. or other)
Address... 175 [Address] Date signed 5/3/48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

MAY 25 1948

SEP 30 1948

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 J. Gordon Blackmer, Registered Apprentice No. 78 working under my personal supervision.

Signed

Chas. G. [Signature]

Licensed Embalmer No. 3109

P. O. Address Trenton, 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.