

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9409
Registrar's No. 99

National Office of Vital Statistics

FILED MAR 25 1948

Registration District No. 207

Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution residence 3024 Mar 2053S Irwin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 2023 Irwin
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Yancey Rosser
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month March day 16
year 1948 hour 7 minute 55 A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Luella Scott 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 13, 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3/16/48 to 3/16/48, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death Seriously

8. AGE: Years 88 Months 9 Days 3 If less than one day _____ hr. _____ min.

Due to _____
Due to Metral Insufficiency

9. Birthplace New London Missouri
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Printer

11. Industry or business Retired
12. Name William Rosser
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Emma Louise Wayman
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Frank Dodd
(b) Address Hannibal Missouri

17. (a) Burial (b) Date thereof 3/19/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Barkley Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address 902 Broadway Hannibal Missouri

19. (a) 3-16-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) [Signature]
Address Hannibal Date signed 3/16/48

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

4
3
4

64
3
4
0

MOTHER FATHER

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 _____

John S Ward

Registered Apprentice No. 35

working under my personal supervision.

Signed *W Crawford Smith*

Licensed Embalmer No. 3814

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.