

REC'D SEP 23 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

29069  
Do not use this space.

1. PLACE OF DEATH

(a) County Howell Registration District No. 598  
(b) Township SISSON Primary Registration District No. 5542 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

FRED WM BOSS 2003  
(a) Residence, No. White Church MO St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_  
7. AGE YEARS 35 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. Stoukuper  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell Co. Mo  
13. NAME Louis Samuel Boss  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
15. MAIDEN NAME Louisa Stair  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
17. INFORMANT (ADDRESS) Superior Boss  
18. BURIAL, CREMATION, OR REMOVAL PLACE White Church  
19. FUNERAL DIRECTOR (ADDRESS) Roberts Bros Mortuary West Plains Mo  
20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1<sup>st</sup> 1938  
22. I HEREBY CERTIFY That I attended deceased from June 30, 1938, to July 1, 1938.  
I last saw h. / a. / m. alive on July 1, 1938. Death is said to have occurred on the date stated above, at 1:10 p. m.  
The principal cause of death and related causes of importance were as follows:  
General Peritonitis Date of onset June 30 / 38  
1172  
Other contributory causes of importance: Perforated Duodenum  
Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Examination Was there an autopsy? No  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify None M. D. \_\_\_\_\_  
(Signed) W. H. Ogden  
(Address) West Plains Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Paige D. Robertson, Licensed Embalmer No. 3435

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Paige D. Robertson  
Licensed Embalmer No. 3435

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

29069  
Do not use this space.

1. PLACE OF DEATH

(a) County Howell Registration District No. 388  
 (b) Township Sisson Primary Registration District No. 35-42 Registered No. 9  
 (c) City ..... (d) Street No. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred Ward Ross

(a) Residence, No. White Church St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16, 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
33- 10 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. sales man  
 9. Industry or business in which work was done, as saw mill, bank, etc. Merchant General  
 10. Date deceased last worked at this occupation (month and year) May 1938 11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell Mo

FATHER 13. NAME Louis Samuel Ross

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Howe Stephens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howe Mo

17. INFORMANT (ADDRESS) Sylvester Ross

18. BURIAL, CREMATION, OR REMOVAL PLACE White Church DATE 19

19. FUNERAL DIRECTOR (ADDRESS) Pipestem Mortuary West Plains

20. FILED Nov 8, 1938 Mrs Pearl Cook Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 30 to July 1, 1938  
 I last saw him alive on July 1, 1938. Death is said to have occurred on the date stated above, at 1 P.M.  
 The principal cause of death and related causes of importance were as follows:

General peritonitis Date of onset  
Perforated gall bladder  
 Other contributory causes of importance:

Name of operation none Date of operation  
 What test confirmed diagnosis? examination Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury 19  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify (Signed) R. E. Hogan, M. D.  
 (Address) West Plains Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

REGISTERED  
 JULY 1 1938  
 HOWELL MO

S-29069