

DEC 19 1938

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

39561
Do not use this space.

1. PLACE OF DEATH 2

(a) County Johnson Registration District No. 430

(b) Township Center view Primary Registration District No. 5589

(c) City _____ (d) Street No. _____ St.

(e) Length of residence in city or town where death occurred 34 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Belle Ross

(a) Residence, No. _____ 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 Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

74	6	28	
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OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as saw mill, bank, etc. _____

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) Clark County Missouri

FATHER

13. NAME John Sawyer

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

MOTHER

15. MAIDEN NAME Josephine Rugg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT F. M. Ross
(ADDRESS) Center view - Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Center view Cemetery DATE Nov 28 1938

19. FUNERAL DIRECTOR T. W. Goodman
(ADDRESS) Holden Missouri

20. FILED Nov 28 1938 Eva Gentry
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26 1938

22. I HEREBY CERTIFY, That I attended deceased from August 1938, to Nov 26 1938

I last saw her alive on Nov 26 1938. Death is said to have occurred on the date stated above, at 2:30 PM.

The principal cause of death and related causes of importance were as follows:

Chronic Myocardial Degeneration

Date of onset _____

54

Other contributory causes of importance Diabetes Mellitus

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 1938

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? no

If so, specify _____

(Signed) Kelly Prawkins M. D.

(Address) Holden Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12/7/38

STATEMENT BY LICENSED EMBALMER

I, Samuel B. Royer, Licensed Embalmer No. 4044

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

_____ L. E. _____

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Samuel B. Royer

Licensed Embalmer No. 4044

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.)