

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

**2090**  
 Do not use this space.

REC'D FEB 21 1939

1. PLACE OF DEATH  
 (a) County Cooper Registration District No. 218  
 (b) Township Boonville Primary Registration District No. 3013 Registered No. 13  
 (c) City Boonville (d) Street No. St. Joseph Hospital St.  
 (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 Rosemary Virginia 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) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF                       
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4 - 1923  
 7. AGE YEARS 15 MONTHS 4 DAYS 25 If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Girl  
 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                     

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 - 1939  
 22. I HEREBY CERTIFY, That I attended deceased from 1-27, 1939, to 1-28, 1939  
 I last saw her alive on 1-28, 1939. Death is said to have occurred on the date stated above, at 6:20 AM.  
 The principal cause of death and related causes of importance were as follows:  
Influenza 11A. 1-20-39  
Intestinal Hemorrhage 1-28-39  
 Date of onset  
 Other contributory causes of importance:  
 Name of operation None Date of Jan  
 What test confirmed diagnosis?                      Was there an autopsy? Yes  
 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? Yes  
 (Signed)                      (Address) Boonville, Mo  
                     (Address) Boonville, Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville, Mo  
 FATHER 13. NAME Hurshel Ross  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co. Mo.  
 MOTHER 15. MAIDEN NAME Edith Thompson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co. Mo.  
 17. INFORMANT (ADDRESS) Hurshel Ross  
Boonville, Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE Jan 31 - 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS)                       
Boonville, Mo  
 20. FILED Jan 30, 1939 St. Cooper Local Registrar.

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 9/6/39

**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..... *J. H. Goodman*  
Licensed Embalmer No. *1178*  
P. O. Address *Boonville, 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, above space should be left blank.**