

DEAD MAR 20 1939

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

7510
Do not use this space.

1. PLACE OF DEATH
 (a) County Pike Registration District No. 689
 (b) Township 2 Primary Registration District No. 2033
 (c) City Louisiana (d) Street No. 918 Allen St. Registered 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 JOHN W. ROSS
 (a) Residence, No. 918 Allen St. 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 COLORED 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 27 1881

7. AGE YEARS 57 MONTHS 7 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Plasterer
 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) abt 4 yrs ago 11. Total time (years) spent in this occupation all his life

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

FATHER 13. NAME ALFORD ROSS
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

MOTHER 15. MAIDEN NAME MARY SUE EDWARDS
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

17. INFORMANT (ADDRESS) John Ross Jr Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Reverew DATE 2/28 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. O. Hearn Louisiana Mo

20. FILED 4/27 39 J. O. Hearn Local Registrar.

MEDICAL CERTIFICATE OF DEATH 39

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-26 1939

22. I HEREBY CERTIFY, That I attended deceased from about 1-10-39 to 2-26-39
 I last saw him alive on 2-24-39 Death is said to have occurred on the date stated above, at 12:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
 Date of onset _____

Other contributory causes of importance: A2C

Name of operation None Date of _____
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in the following:
 Accident, suicide, or homicide? NO Date of injury None, 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 None
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) [Signature], M. D.
 (Address) Louisiana Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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. 10

District File Number 10-39-383

Date Filed MAR 3 1939

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.....

Licensed Embalmer No.....

P. O. Address.....

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.