DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6397

Registration District No. 218 Primary Registration District No. 3015 Registrar's No. 15

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Dr Alex Ravenswaay Clinic 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks (Specify whether years, months or days) In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Boonville. (If outside city or town limits, write "RURAL")

(d) Street No. — (If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME George Ross 200

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Winnie Dishon Ross

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased August (Month) 8 (Day) 1867 (Year)

8. AGE: Years 72 Months 6 Days 12 If less than one day hr. min.

9. Birthplace Prairie Home (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Laborer

11. Industry or business —

FATHER
12. Name John Ross
13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Snodgrass
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hurshel Ross

(b) Address Boonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 21 1940 (Month) (Day) (Year)

(c) Place: burial or cremation New Salem Cem.

18. (a) Signature of funeral director Goodman & Boller

(b) Address Boonville, Mo.

19. (a) 2-23-40 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20th year 1940 hour 9 minute 8 p. M.

21. I hereby certify that I attended the deceased from Feb 8 1940, 19—, to Feb 20, 1940; that I last saw him alive on Feb 20, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal obstruction	?
Due to hard fecoliths	?
Due to	?
Other conditions (Include pregnancy within 3 months of death): Prostatic hypertrophy with chronic pyelonephritis	
Major findings: Of operations: Enterostomy for removal of fecoliths	
Of autopsy: Now done	

PHYSICIAN

Underline the cause to which death should be charged statistically

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

23. Signature [signature] (M. D. or other) 1

Address Boonville, Mo Date signed Feb 21

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 6-17-39 I X19511

RECEIVED
District Health Officer No. 8,
District File Number 3-8-40
Date Filed

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 Moosehead, Me.

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.