

FILED APR 8 1940

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 36

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County JASPER
(b) City or town WEBB CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
510 N. MAIN ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 2.00
years, months or days)

3. (a) PRINT FULL NAME Walter Ross

8. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 8. (e) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife W. Lawrence 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 23 1866
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 13 If less than one day hr. min.

9. Birthplace Springfield, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business

12. Name Richard Ross

13. Birthplace Springfield, MO
(City, town, or county) (State or foreign country)

14. Maiden name W. M. Logan

15. Birthplace W. Kansas, Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sarah Abbott

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 6 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Waverly, Mo.

18. (a) Signature of funeral director W. H. City, Mo.
(b) Address

19. (a) Mo. 6-40 (Date received local registrar) (b) J. L. Hutcherson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 510 N. Main
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th
year 1940 hour 10 minute P M.

21. I hereby certify that I attended the deceased from April 13
1940, to March 4, 1940;
that I last saw him alive on March 4, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Coronary Thrombosis

Due to

Due to

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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?
3771 While at work? (Specify type of place) (e) Means of injury

23. Signature C. F. Gregory (M. D. or other) 20
Address Waverly, Mo. Date signed 3/5/40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 440-936

Date Filed APR 4 1940

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. 247

working under my personal supervision.

Signed A. J. Miles

Licensed Embalmer No. 347

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.