

Registration District No. 598

Primary Registration District No. 8355

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Morgan
 (b) City or town VERSAILLES
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) ?
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community Lifetime
years, months or days

3. (a) PRINT FULL NAME

Nettie Ross (D.D.)

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female

5. Color or race colored

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

6. (b) Name of husband or wife Walter Ross

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Oct. 10 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>4</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER

12. Name Taylor Crook

13. Birthplace Morgan County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Emma Crook

15. Birthplace Morgan County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____
(b) Address Versailles, Missouri

17. (a) Burial (b) Date thereof Mar. 12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles City Cemetery

18. (a) Signature of funeral director W. F. Radwell

(b) Address Versailles, Missouri

19. (a) 7-1-70 (b) Will J. Berry Jr.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan
 (c) City or town Versailles, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. South Monroe
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month March day 9
year 1940 hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from March 6, 1940, to March 9, 1940
me and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy no

Duration

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? _____

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

23. Signature W. J. Shell (M. D. or other) _____
Address Versailles Date signed _____

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

REF. 5-17-39
1 X1991

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. 7,
K-40-693
District File Number
K-13-40
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.....

Gene Bartram
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Gene Bartram*
.....
Licensed Embalmer No. *4021*
P. O. Address *Vanailles, Missouri*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11790

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 398

Primary Registration District No. 4333

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County. Morgan
(b) City or town. Versailles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME

Nettie Row

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex 7

5. Color or race col

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased est 10 1881
(Month) (Day) (Year)

8. AGE:

Years 39 Months 4 Days 29
If less than one day _____ h. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) May 13, 1940 (b) Wall Z. Berry, Jr.
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Mar day 7
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(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?

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

23. Signature Wm Well (M. D. or other) _____

Address Versailles _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

11290 (1940)