

No. 2  
4-13-40  
5-17-39  
I X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 9 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 25443

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

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

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution: 1506 E. 5th St.  
(d) Length of stay: In hospital or institution 30 years  
In this community 30 years

3. (a) PRINT FULL NAME Maude June Ross  
(b) If veteran, name war No  
(c) Social Security No. No

4. Sex Fem  
5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife Clyde  
(c) Age of husband or wife if alive years  
7. Birth date of deceased June 8, 1880

8. AGE: Years 60 Months 1 Days 18  
If less than one day hr. min.

9. Birthplace Conway, Missouri

10. Usual occupation Retired

11. Industry or business None

MOTHER FATHER  
12. Name Robert Cossey  
13. Birthplace Indiana  
14. Maiden name Cenia Martin  
15. Birthplace W. H. Hock

16. (a) Informant Mrs. Cenia Galt  
(b) Address 1506 E. 5th St.

17. (a) Burial (b) Date thereof 7-29-40  
(c) Place: burial or cremation Galena, Kansas

18. (a) Signature of funeral director Hurlbut Und. Co  
(b) Address Joplin, Mo

19. (a) Date received local registrar 7-27-40  
(b) Registrar's signature Ed. S. James

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(d) Street No. 1506 E. 5th St.  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26  
year 1940 hour 11 minute PM.

21. I hereby certify that I attended the deceased from June 1, 1940 to July 26, 1940  
that I last saw her alive on July 25, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Colitis

Due to Causes mentioned

Due to 120A

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature H. Hurlbut (M. D. or other)  
Address Joplin, Mo Date signed 7-27-40

Duration 6 weeks  
PHYSICIAN Underline the cause to which death should be charged statistically.

40-8-295

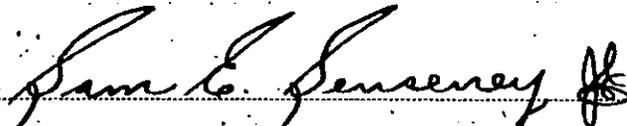
**STATEMENT BY LICENSED EMBALMER**

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.....

*Sam C. Senceray* 

Licensed Embalmer No. 4099

P. O. Address Joplin 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, fact should be so stated above.**