

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Beaman Rt. 1 (Rural)
(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 2

In this community 40 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Mrs. Mollie Ross

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Z.F. Ross 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased January 31, 1882

8. AGE: Years 58 Months 7 Days 3 If less than one day hr. min.

9. Birthplace Callaway County, Missouri

10. Usual occupation Housewife

11. Industry or business

12. Name John Wadley

13. Birthplace unknown

14. Maiden name Mandy McKesson

15. Birthplace Callaway County, Mo.

16. (a) Informant Z.F. Ross

(b) Address Route 1, Beaman, Mo.

17. (a) Burial (b) Date thereof Sept 6, 1940

(c) Place: burial or cremation Irvin Cemetery

18. (a) Signature of funeral director Stacie Cuning

(b) Address Sedalia, Missouri

19. (a) 9-7-40 (b) Mrs. Harry Sneed

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Beaman (Rural)

(d) Street No. Route 1

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4 year 1940 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from As Coroner's case only that I last saw h alive on 1940 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Suicide by taking

Due to strychnine sulphate

Other conditions (Include pregnancy within 3 months of death) 163

Major findings:

Of operations

Of autopsy

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) SUICIDE

(b) Date of occurrence 9-4-40

(c) Where did injury occur? Pettis Nursing Home

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

(Specify type of place) Home (e) Means of injury strychnine sulphate

23. Signature Godwin Stauffacher (M. D. or other) MD

Address Coroner's Office, Pettis Co. Date signed 9-5-40

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

Dr. Monroe
Dr. Stauffacher

RECEIVED.
District Health Officer No. 8,
District File Number
Date Filed 10-11-40

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 Duane Ewing
Licensed Embalmer No. 3847
P. O. Address Sedalia 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, above space should be left blank.