DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

3507

State File No. _____

Registration District No. 595 JAN 21 1941

Primary Registration District No. 4353

Registrar's No. 1

**1. PLACE OF DEATH:**

(a) County Montgomery

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

(c) Name of hospital or institution: Wellsville Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 20 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Montgomery

(c) City or town Wellsville, Mo
(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 William Milton Ross

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race Col

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

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

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased April (Month) 17 (Day) 1899 (Year)

8. AGE: Years 61 Months 8 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Member of the Gospel

11. Industry or business _____

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

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

16. (a) Informant's own signature Mrs Edna Ross
(b) Address Wellsville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-41 (Month) (Day) (Year)
(c) Place: burial cremation Marlinburg Mo

18. (a) Signature of funeral director H G Walker
(b) Address Wellsville Mo

19. (a) Jan 5 1941 (Date received local registrar) (b) Mrs Mike McGurmsh (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 1 day 2 year 1941 hour 2 minute A M.

21. I hereby certify that I attended the deceased from 1-1- 1941, to 1-2- 1941, that I last saw him alive on 1-2- 1941 and that death occurred on the date and hour stated above.

| Immediate cause of death Lobar Pneumonia | Duration |
|---|---|
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations _____
Of autopsy No

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 H. J. Eaton (M. D. ~~coroner~~)
Address Mexico, Mo Date signed 1-2-41

(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.

MARGIN RESERVED FOR BINDING

Rev. 5-17-39
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## 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~~ Personally, Registered Apprentice No. ....., working under my personal supervision.

Signed A. B. Wells

Licensed Embalmer No. 1588

P. O. Address Wellsville 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.**