

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FEB 16 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3787

Registration District No. 668

Primary Registration District No. 3632

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Sedalia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Residence of Mrs. Parsley
 (If not in hospital or institution, write street number & location)
 (d) Length of stay: In hospital or institution 5 weeks
 (Specify whether
 In this community all his life
 years, months or days)

8. (a) PRINT
FULL NAMEMilas Anthony Rass

3. (b) If veteran,

name war.

8. (c) Social Security

No.

4. Sex

Male

5. Color or

race

White

6. (a) Single, widowed, married,

divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive years

7. Birth date of deceased

Jan
(Month)19
(Day)1872
(Year)

8. AGE:

Years

Months

Days

If less than one day

6905

hr.

min.

9. Birthplace

Near Clifton City, Pettis Co, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

G. W. Rass

13. Birthplace

Near Clifton City, Pettis Co, Mo
(City, town, or county) (State or foreign country)

14. Maiden name

Mantha Steedman

15. Birthplace

Memphis Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature

Mrs. D. L. Starkey

(b) Address

Green Ridge, Mo. (Sister)17. (a) Burial

(b) Date thereof

Jan 26 '41
(Month) (Day) (Year)

(c) Place: burial or cremation

Union Cemetery

18. (a) Signature of funeral director

L. L. Pease

(b) Address

Green Ridge19. (a) 1/25/41

(Date received local registrar)

(b) Miss Harry Sued

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pettis
 (c) City or town Sedalia
 (If outside city or town limits, write "RURAL")
 (d) Street No. 403 E
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 10 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
 year 1941 hour 6 minute 10 M.

21. I hereby certify that I attended the deceased from Jan
22—, 1941, to Feb 24, 1941
 that I last saw him alive on 1-24, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death

Hemorrhage Stomach

Duration

2 days

Due to

Ulcer

Due to

1170

Other conditions

(Include pregnancy within 3 months of death)

None

Major findings:

Of operations

Of autopsy

None done

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)

(a) Means of injury ✓

23. Signature Alfred E. Mours (M. D. or other) 1-25-41
 Address 111 W. 4 Sedalia Mo Date signed

RECEIVED
DISTRICT HEALTH COMMISSIONER No. 8
FILED
10-11-41

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 L. L. Ream

Licensed Embalmer No. 1881

P. O. Address Green Ridge Inn

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.