

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10336

State File No.

APR 15 1941

Registration District No. 158

Primary Registration District No. 5282/5214

Registrar's No.

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural
(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 of location)

(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 80 years
years, months or days)

8. (a) PRINT FULL NAME Annie Elisabeth Ross

8. (b) If veteran. name war ✓
8. (c) Social Security No. no

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

6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased June 11 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 25
If less than one day hr. min.

9. Birthplace Pettis County MO
(City, town, or county) (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

12. Name William J. Ross
18. Birthplace Green Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Thomas
15. Birthplace North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant R.H. Ross
(b) Address Craigton, Mo.

17. (a) Burial (b) Date thereof 3 7 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wadesberg

18. (a) Signature of funeral director Robert Arnold
(b) Address Craigton, Mo.

19. (a) 3-7-41 (b) Mrs. W. C. Cummings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Craigton Mo Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1941 hour 3-40 minute P.M.

21. I hereby certify that I attended the deceased from Feb-1st 1941 to Mar-6th 1941
that I last saw her alive on Mar-3rd 1941
and that death occurred on the date and hour stated above

Immediate cause of death Basilar Meningeal
Duration 6 weeks

Due to 3 30 W

Due to 3 30 W

Other conditions old age
(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? _____

8 5 11 (Specify type of place) While at work? (a) Means of injury _____

23. Signature Frank B Ellis (M. D. or other) Phys
Address Warden City Date signed _____

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

9
0
0

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 Ma

working under my personal supervision. _____, Registered Apprentice No. 3621

Signed Robert Arnold

Licensed Embalmer No. 3677

P. O. Address _____

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.