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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10493

State File No. _____

APR 15 1941

Registration District No. 221

Primary Registration District No. 5300

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town (Rural) Lebanon Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
Life years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper ²⁷

(c) City or town Rural (If outside city or town limits, write "RURAL") ⁰

(d) Street No. Lebanon Twp. (If rural, give location) ⁰

(e) Citizen of foreign country? No (Yes or No)
If yes, name country Native

3. (a) PRINT FULL NAME John Allison Ross

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male ⁰ 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased May 24 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 9 14 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name John W.H. Ross M.D.

13. Birthplace Boonville Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Francisco
(City, town, or county) (State or foreign country)

15. Birthplace Elmwood Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Chas H. Ross

(b) Address Columbia Mo

17. (a) Burial (b) Date thereof 3--10--41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Lebanon Cemetery

18. (a) Signature of funeral director James E. Richards

(b) Address Light Mo

19. (a) 124 (b) Walter Fogle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th
year 1941 hour 10 minute 45 PM

21. I hereby certify that I attended the deceased from March 6
1941 to March 8 1941;
that I last saw him alive on March 8 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Influenza and Exhaustion from delirium. Duration 5 da

Due to _____

Due to _____

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

Major findings: None

Of operations _____

Of autopsy _____

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? At

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

23. Signature Chas. Handy (M. D. or other) ⁰

Address Pilot Grove Mo Date signed 3/9/41

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

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 me

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

Signed Jessie E. Richards
Licensed Embalmer No. 2466
P. O. Address Ligaton, Va

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.