

FILED APR 15 1941

Registration District No. 553

Primary Registration District No. 3027

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Macon  
(b) City or town Macon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Samaritan Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 0  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon  
(c) City or town LaPlata  
(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.? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Charles Ross

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 442-05-3488

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

6. (b) Name of husband or wife Anna Ross 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 15, 1876  
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Macon County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business W. P. A.

12. Name Ross Ross

18. Birthplace D. K.  
(City, town, or county) (State or foreign country)

14. Maiden name Julia Blessing

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

16. (a) Informant D. S. Christie

(b) Address LaPlata Mo.

17. (a) Burial (b) Date thereof 4/2/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LaPlata, Mo.

18. (a) Signature of funeral director D. S. Christie

(b) Address LaPlata Mo.

19. (a) 3/31/41 (b) Scott Henderson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31  
year 1941 hour 7 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Concussion of brain, due to motorcycle accident. Also left leg broken at hip and below knee. Due to Accident on Highway No. 36. Cycle collided with car, causing cycle to run into fence.

Other conditions (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) Accident

(b) Date of occurrence March 30th, 1941

(c) Where did injury occur? West of Callao, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On public highway. U/ S/ 36

While at work? no (Specify type of place) (e) Means of injury as above

23. Signature W. Edwards CORONER (M. D. or other) 2

Address Bevier, Missouri Date signed 3/31/41

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

01  
3  
2

61  
2  
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 4-41-729

Date Filed APR 10 1941

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 D. S. Christie

Licensed Embalmer No. 1109

P. O. Address La Plata 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.