FILED AUG 16 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

032

25060
~~25058~~
Do not use this space.

1. PLACE OF DEATH
(a) County Gentry — Registration District No. 309
(b) Township Howard — Primary Registration District No. 5434 — Registered No. 32
(c) City — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JENNIE ORPHA ROSS
(a) Residence, No. Gentry County St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M D
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF — (OR) WIFE OF Dan Ross
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 1877
7. AGE YEARS 63 MONTHS 11 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. House Wife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry County Missouri

FATHER
13. NAME James McCrary
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry County Missouri

MOTHER
15. MAIDEN NAME Margret Ellen Parson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry County Missouri

17. INFORMANT (ADDRESS) Dan Ross Albany MO
18. BURIAL, CREMATION, OR REMOVAL
PLACE Carter Cemetry DATE July 13 1941
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. G. Noble New Hampton MO
20. FILED Aug. 1. 1941 W. T. Martin, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 1941
22. I HEREBY CERTIFY, That I attended deceased from May - 31 —, 1941, to July 11 —, 1941
I last saw her alive on July 11 —, 1941. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Ca. Breast — Date of onset 1933
10
metastases to lungs. 3 mos.
Other contributory causes of importance: 1934 went to Muscatine Iowa.
"Baker" acid injections + Radium + X-ray at Mo. cancer Hospital

Name of operation Radium Date of
What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Frank H. Ross, M. D.
(Address) Albany, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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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, me

, or by ,

Registered Apprentice No., working under my personal supervision.

Signed W. G. Noble

Licensed Embalmer No. 2904

P. O. Address Newhampton

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.