

DEPARTMENT OF THE CENSUS  
FILED NOV 24 1941

Registration District No. 174

Primary Registration District No. 5241

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Chariton  
(b) City or town Reyhville R.D. 4 - Reynolds Co. Mo.  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Ross Lee Pore

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Male 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 October 26 1941  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 4 hr. 24 min.

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

10. Usual occupation none

11. Industry or business \_\_\_\_\_

12. Name Lawrence Pore

13. Birthplace Chariton county Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Berna May Dooly

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

16. (a) Informant Lawrence Pore

(b) Address Marceline R.F.D. No. 1

17. (a) Burial (b) Date thereof 10-27-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mendon Cemetery

18. (a) Signature of funeral director none

(b) Address \_\_\_\_\_

19. (a) Oct 31 41 (b) W D Strallon  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton  
(c) City or town Marceline R.F.D. No. 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26th  
year 1941 hour 11:20 minute A. M.

21. I hereby certify that I attended the deceased from Oct 26th, 1941, to Oct 26th, 1941;  
that I last saw him alive on October 26th, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Failure of Foramen to Close

Due to Diseased Placenta detached at birth.

Due to \_\_\_\_\_

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) \_\_\_\_\_

(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)  
(e) Means of injury \_\_\_\_\_

23. Signature W D West (M. D. or \_\_\_\_\_)

Address Mendon Mo Date signed 10/27/41

Duration

4hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

Number  
11-14-41

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.....

Licensed Embalmer No.....

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, fact should be so stated above.