

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

38752
Do not use this space. 58

DEC 18 1941

1. PLACE OF DEATH
 (a) County Linn Registration District No. 497
 (b) Township Enterprise Primary Registration District No. 5673
 (c) City _____ (d) Street No. _____ Registered No. 13
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jane Riley Ross
 (a) Residence, No. Crowning, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS OF (OR) WIFE OF George Ross
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1853
 7. AGE YEARS 88 MONTHS 1 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. At home
 9. Industry or business in which work was done, as saw mill, bank, etc. on farm
 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) Marion County Iowa
 FATHER 13. NAME James Riley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 MOTHER 15. MAIDEN NAME Sarah Brady
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 17. INFORMANT (ADDRESS) Mrs. Scott Browning
Marion, Mo.
 18. BURIAL, CREMATION, OR REMOVAL Goach Cem. Crowning DATE Nov. 8, 1941
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Schroenes
Marion, Mo.
 20. FILED Nov. 8 1941 Mrs. Lila Williams
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7 1941
 22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1941, to Nov 7 1941.
 I last saw her alive on Nov 1 1941. Death is said to have occurred on the date stated above, at 5:00 p. m.
 The principal cause of death and related causes of importance were as follows:
Coronary disease
Angina Pectoris
 Date of onset Nov 7, 1941
 Other contributory causes of importance:
Senility 94A
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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? _____
 If so, specify _____
 (Signed) J. R. Meador _____, M. D.
 (Address) Browning Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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.....

Frank D. Schvone....., Registered Apprentice No.....
working under my personal supervision.

Signed

Frank D. Schvone

Licensed Embalmer No. *2016*

P. O. Address *Milan, 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.