

FILED OCT 7 1942

Registration District No. 374

Primary Registration District No. 627-34547

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Grant city
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 18 yrs years, months or days)

3. (a) PRINT FULL NAME ESTELLE MCLEAN ROSS

3. (b) If veteran, name war World War I 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dr. P. J. Ross 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased June 22 1895 (Month) (Day) (Year)

8. AGE: Years 48 Months 2 Days 29 If less than one day hr. min.

9. Birthplace Alexandria, Neb. (City, town, or county) (State or foreign country)

10. Usual occupation Nurse

11. Industry or business Housewife

12. Name Dan M. C. Lean

13. Birthplace W. Va. (City, town, or county) (State or foreign country)

14. Maiden name Bessie Owens

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

16. (a) Informant Dr. P. J. Ross

(b) Address Grant city, Mo.

17. (a) Burial (b) Date thereof 9-28-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leadona Cem.

18. (a) Signature of funeral director Arch C. Dangle

(b) Address Grant city, Mo.

19. (a) Sept 28 (b) Arden Scadden (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Worth
(c) City or town Grant city (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20 year 1942 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from Feb. 1 1942 to Sept. 20 1942
that I last saw her alive on Sept. 20 and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis Duration 1 yr.

Due to 922
Due to _____

Other conditions Operated on 7-16-42
(Include pregnancy within 6 months of death)

Major findings: adhesions of bowels
Of operations adhesions released

Of autopsy no

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) K
(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 Dr. Ross (M.D. or other)
Address Grant city, Mo. Date signed Sept 28 1942

127 0011 9103

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.....

Arch C. Dangle

Licensed Embalmer No.....

3252

P. O. Address.....

Grant City 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, fact should be so stated above.