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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34240

FILED NOV 14 1942 195

Registration District No. ..... Primary Registration District No. 5715 Registrar's No. .....

1. PLACE OF DEATH:

(a) County McDONALD

(b) City or town JANE, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Whitehorse Corp
/ NONE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 79 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County McDONALD 60

(c) City or town JANE, MO. 0
(If outside city or town limits, write "RURAL")

(d) Street No. —
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)
If yes, name country — 0

3. (a) PRINT FULL NAME Abe Ross

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race W 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife MARGERET ROSS

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased JAN. (Month) 21 (Day) - 1846 (Year)

8. AGE: Years 96 Months 8 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Shelbyville (City, town, or county) KY. / (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name SANFORD ROSS
13. Birthplace NOT KNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name MARY BROOKS
15. Birthplace NOT KNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant IRA V. ROSS
(b) Address SILOAM SPRINGS ARK.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-6-1942 (Month) (Day) (Year)
(c) Place: burial or cremation JANE, MO.

18. (a) Signature of funeral director R M Humphrey
(b) Address Pineville Mo.

19. (a) Oct 10 1942 (Date received local registrar) (b) Ina Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 4th
year 1942 hour 5 minute 40 P. M.

21. I hereby certify that I attended the deceased from OCT. 3, 1942, to OCT. 4, 1942; that I last saw him alive on OCT. 4, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Degeneration

Due to Senile Debilitation

Due to

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓

Of autopsy ✓

Duration

93d

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)

(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?
(Specify type of place)

While at work? (e) Means of injury 2

23. Signature R. P. Robert (Date or other)

Address P.O. Box 112 PINEVILLE, MO Date signed 10-5-42

1205 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1142-1611
Date Filed NOV 12 1942

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 Maynie E. Humphrey
Licensed Embalmer No. 4262
P. O. Address Pineville, 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.