S. No. 2
M—9-4-41
v. 5-17-39
I X29484

47 yrs.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34439

Registration District No. 251 Primary Registration District No. 4378 Registrar's No. 152

74
0
0

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

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Ravenwood Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
home - Ravenwood, Mo. 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 none
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 74

(a) State Missouri (b) County Nodaway 0

(c) City or town Ravenwood 0
(If outside city or town limits, write "RURAL")

(d) Street No. none
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country none 0

3. (a) PRINT FULL NAME Simon Peter Ross

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Maude Evans

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased January (Month) 27 (Day), 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	8	7	hr. min.

9. Birthplace Nodaway County, Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business General Store

FATHER
12. Name Henry Ross
13. Birthplace Nodaway Co. Mo 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Paulina DeShazer
15. Birthplace Winterset, Iowa 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Orval Johnson
(b) Address Clinton, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct. 7, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Lawn Cemetery

18. (a) Signature of funeral director J. Evan Johnson
(b) Address Stanberry Mo.

19. (a) Oct. 10, 1942 (Date received local registrar) (b) Mary Coile (Registrar's signature)

1246

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4
year 1942 hour 6 minute 30 p M.

21. I hereby certify that I attended the deceased from Sept 2, 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 Coronary Thrombosis

Due to

Due to 94a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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. G. Porter (M. D. or other) DO

Address Sheridan Date signed 10-7-42

(Licensed Embalmer's Statement on Reverse Side)

Call the Minister

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~~ J. Evan Johnson, Registered Apprentice No. ....., working under my personal supervision.

Signed J. Evan Johnson

Licensed Embalmer No. 3492

P. O. Address Stanberry 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.