

No. 2
1-5-42
5-17-39
1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6647

State File No.

FILED MAR 13 1943

Registration District No. 185

Primary Registration District No. 5576

Registrar's No. 111

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Pursell

(c) Name of hospital or institution Rt # 2 Jasper Duroch
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 53 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. Rt # 2 Jasper
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Calvin Ross

3. (b) If veteran. name was -

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1943 hour 11:55 minute 0 M.

21. I hereby certify that I attended the deceased from Dec 1942 to Feb 22, 1943; that I last saw him alive on Feb 22, 1943; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Nettie Ross

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased April 24 1855
(Month) (Day) (Year)

Immediate cause of death Pulmonary Congestion
Hypostatic Pneumonia

Duration

8. AGE: Years 87 Months 9 Days 10 If less than one day hr. min.

Due to Acute regurgitation & chronic myocarditis

Due to

Other conditions Old age
(Include pregnancy within 3 months of death)

9. Birthplace N. Cal
(City, town, or county) (State or foreign country)

Major findings: Of operations 93d

Of autopsy

PHYSICIAN -

Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name John Calvin Ross

13. Birthplace N. Cal
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Nettie Ross

(b) Address Rt # 2 Jasper, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Washburne, Cal

18. (a) Signature of funeral director Nettie Ross

(b) Address Nettie Ross

19. (a) Feb 7 1943 (Date received local registrar) (b) Mrs. Lillie Agee (Registrar's signature)

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 J. Darwin Magee (M. D. or other) D.O.

Address Jasper, Mo. Date signed 2/7/43

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

MOTHER FATHER

1180

(Licensed Embalmer's Statement on Reverse Side)

43-2-188

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 A. K. Mills

Licensed Embalmer No. 347

P. O. Address W. H. City

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.