

S. No. 2
M-5-42
5-17-39
X32

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9877
Registrar's No. 301

ED MAR 26 1943

Registration District No. 2 Primary Registration District No. 1000

1. PLACE OF DEATH:
Buchanan
(a) County St. Joseph
(b) City or town St. Joseph
(c) Name of hospital or institution St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 5010 1/2 King Hill Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Jessie Mueller Ross
(b) If veteran, name war None (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day twelve year 1943 hour eleven minute 15 P. M.
21. I hereby certify that I attended the deceased from March 10 1943 to March 12 1943
that I last saw her alive on March 12 1943 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased January 31, 1904
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage
Duration 3 days

8. AGE: Years 39 Months 0 Days 12 If less than one day hr. min.

Due to Pernicious anemia ?

9. Birthplace St. Joseph, Missouri
(City, town, or county) (State or foreign country)

Due to g3a

10. Usual occupation Housekeeper

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Home

PHYSICIAN

12. Name Benjiman White

Major findings: Of operations

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

Of autopsy

14. Maiden name Victoria Small

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

16. (a) Informant Betty June Mueller (Daughter)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

(b) Address 5010 1/2 King Hill Ave., City.

(b) Date of occurrence

17. (a) Burial (b) Date thereof 3/16/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? (City or town) (County) (State)

(c) Place: burial or cremation

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director John E. Rupp

While at work? (Specify type of place) (c) Means of injury

(b) Address 6054 Pryor Ave., City

23. Signature Walter Ross (M. D. or other) WJ

19. (a) 3-16-43 (b) Rose Dejean
(Date received local registrar) (Registrar's signature)

Address Walter Ross Date signed 3/16/43

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

1233

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 _____

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.