

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

SEP 11 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 968

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1902 Jones Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Not
 In this community 45 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1902 Jones Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William Francis 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 Fannie Faucett Ross
 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased September 25 1870
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 10 9 hr. min.

9. Birthplace Gentry County Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Doctor of Dentistry

11. Industry or business _____

12. Name John A. Ross
 13. Birthplace Nova Scotia Dominion, Canada
 (City, town, or county) (State or foreign country)
 14. Maiden name Martha Howell
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Fannie J. Ross
 (b) Address 1902 Jones St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 8/6/1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Faucett Cemetery

18. (a) Signature of funeral director Center Meierhoffer
 (b) Address 1302 Faraon St., St. Joseph, Mo.

19. (a) 8/6/43 (b) Rose Skrzyg
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4th
 year 1943 hour 2:15 minute A. M.

21. I hereby certify that I attended the deceased from June 24 1943 to August 4 1943
 that I last saw him alive on August 3 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerotic heart disease
 Duration _____

Due to Arterio Sclerosis
 Due to General

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

Major findings: Of operations 92d
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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 [Signature] (M, D or other) 9/5/43
 Address [Address] Date signed 9/5/43

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

FILED

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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 *Albert B. Harrington*.....

Licensed Embalmer No. *3258* Missouri.....

P. O. Address *St. Joseph, Missouri.*.....

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.