

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 9 1943**

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

38721

State File No. \_\_\_\_\_

Registrar's No. 97

Registration District No. 217

Primary Registration District No. 4329

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

**1. PLACE OF DEATH:**

(a) County MISSISSIPPI

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

(c) Name of hospital or institution:  
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 ALL OF LIFE (Specify whether  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County MISSISSIPPI

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

(d) Street No. DELMO PROJECT HOUSE #45  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** FRANKLIN ROOSEVELT ROSS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race COLORED

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MAY 13 1943  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>0</u>	<u>6</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace WYATT MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name ALBERT ROSS

13. Birthplace JEFFERSON CO. ALA.  
(City, town, or county) (State or foreign country)

14. Maiden name LULA MINNIE WEATHERS

15. Birthplace LEE CO. MISS.  
(City, town, or county) (State or foreign country)

16. (a) Informant ALBERT ROSS

(b) Address WYATT MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-25-1943  
(Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE CHARLESTON, MO

18. (a) Signature of funeral director J. H. Hunsicker

(b) Address W-1-42 Mrs. Longman

19. (a) 11-25-1 (Date received local registrar) (b) Mrs. Longman (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month NOV day 25  
year 1943 hour 1 minute 40 AM.

21. I hereby certify that I attended the deceased from 11-5-1943 to 11-23-1943  
that I last saw him alive on 11-23-43, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Broncho pneumonia 18 days

Due to \_\_\_\_\_

Acute Bronchitis 25 days

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

107

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature M. O. Jinsal (M. D. or other) \_\_\_\_\_

Address 204 S. Court St. Charleston Mo Date signed 11-27-43

RECEIVED

District Health Office No. 2,

District File Number 1243-153

Date Filed 12-8-43

---

---

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

*John Embalmer*  
.....  
Licensed Embalmer No.....

P. O. Address.....

**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.