

FILED DEC 13 1943

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

Registration District No. 247

Primary Registration District No. 4372

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Wodaway  
(b) City or town Burlington Junction  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wodaway  
(c) City or town Burlington Junction  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Leslie Curtis Ross

3. (b) If veteran, name war World War # 1 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Maysie Ross 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Oct. 22 1892  
(Month) (Day) (Year)

8. AGE: Years 51 Months \_\_\_\_\_ Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation disabled war veteran

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

MOTHER { 12. Name James L. Ross  
13. Birthplace Albany Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Zerlina Alice Henderson  
15. Birthplace Alanthus Mo;  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maysie Ross  
(b) Address Burlington Junction Mo.  
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-11-43  
(Month) (Day) (Year)  
(c) Place: burial or cremation Ohio cemetery

18. (a) Signature of funeral director [Signature]  
(b) Address Marionville Mo  
19. (a) Nov 11 1943 (Date received local registrar) (b) Mrs. H. S. Carpenter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9  
year 1943 hour 3 minute 10 A. M.  
21. I hereby certify that I attended the deceased from Nov 9  
1943 to Nov 9 1943  
that I last saw him alive on Nov 9 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary vascular accident

Due to Arterio-sclerosis  
Due to Hypertension  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: [Signature]  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) (a) Means of injury [Signature]  
23. Signature [Signature] (M. D. or other) [Signature]  
Address Clrus Mo Date signed 11/11/43

Duration 3 hrs  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

**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 W. M. Lee

Licensed Embalmer No. 2539

P. O. Address Marionville 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.**