

FILED FEB 8 1944

State File No. _____

Registration District No. 277

Primary Registration District No. 3005

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 302 S. Mechanical
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Butler
(If outside city or town limits, write "RURAL")
(d) Street No. 302 S. Mechanical
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Abigail Ross

3. (b) If veteran, name war _____ 3. (c) Social Security No. 497-14-0084

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 23 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 29
If less than one day _____ hr. _____ min.

9. Birthplace Bloomington Ill, nois
(City, town, or county) (State or foreign country)

10. Usual occupation steno type operator

11. Industry or business _____

12. Name William Wallace Ross

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

14. Maiden name Sarah Jane Cunningham

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

16. (a) Informant Mrs Charley Miller

(b) Address Butler Mo

17. (a) Burial (b) Date thereof Jan 23 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Culver

(b) Address Butler Missouri

19. (a) Jan. 22, 1944 (b) Pauline Crompton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21 year 1944 hour 7 minute 24

21. I hereby certify that I attended the decedent from 1931 to Jan 21 1944
that I last saw him alive on Jan 20 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
chronic nephritis

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 1931

Major findings: 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) (e) Means of injury _____

23. Signature L. D. LaHue (M. D. or other) MD
Address Butler Mo Date signed 1-21-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 1-44-107

Date Filed 2-7-44

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.....

C. B. Cular

Licensed Embalmer No.....

2576

P. O. Address.....

Buick 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.