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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1944

Registration District No.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7136

Primary Registration District No. 5447

Registrar's No. 21

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town Albany Rural Howard Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community Entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gentry 38
(c) City or town Albany Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Six mile NE of Albany
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME MINNIE MATILDA ROSS
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Chase Ross
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Apr (Month) 3 (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
63	8	27	..... hr. ..... min.

9. Birthplace Gentry County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farm Wife
11. Industry or business .....
FATHER
12. Name Frank W Wynn
13. Birthplace Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Catharine Mars
15. Birthplace Worth County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Chase Ross
(b) Address Albany, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Carter Cemetery
18. (a) Signature of funeral director W F Noble
(b) Address New Hampton Mo
19. (a) 2-8-1944 (Date received local registrar) Homer M Nelson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1944 hour 9 minute 40 P.M.
21. I hereby certify that I attended the deceased from Jan 10 1938 to Jan 30 1944 that I last saw he alive on Jan 30 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tetanus Neonatorum	
Due to: Rheumatic fever and arthritis deformans	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 9 4 P	
Major findings: Of operations:	
Of autopsy:	

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? ..... (Specify type of place)
While at work ..... (e) Means of injury .....
23. Signature Charles N Williamson (M. D. or other) DO
Address Gentry Mo Date signed 2-5-44

1108

(Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed W G Noble

Licensed Embalmer No. 2904

P. O. Address Newhampton M

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.