. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11744

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 122

1. PLACE OF DEATH:

(a) County PETTIS

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

(c) Name of hospital or institution: 1016 S. HARRISON (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 24 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS

(c) City or town 1016 S. HARRISON (If outside city or town limits, write "RURAL")

(d) Street No. SEDALIA (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LOUISE ROSS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife SILAS A.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 12 (Month) — 21 (Day) — 1862 (Year)

8. AGE: Years 81 Months 3 Days 9 If less than one day hr. min.

9. Birthplace CHESTER (City, town, or county) ILL (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name WILSON RAY
13. Birthplace DUBLIN (City, town, or county) IRELAND (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant MISS GRACE ROSS

(b) Address SEDALIA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-3-44 (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL CEMETERY

18. (a) Signature of funeral director Gillespie

(b) Address SEDALIA

19. (a) 4/1/44 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 30 year 1944 hour 11:30 minute P M.

21. I hereby certify that I attended the deceased from 3-9, 1944 to 3-30, 1944 that I last saw her alive on 3-30, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of Stomach 2 hrs.

Due to Malignancy?

Due to Fall blasses Dis. 2 yrs.

Other conditions Hypertension & Arteriosclerosis 2 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy — 46 P

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 Frank B. Long (M. D. or other) MD

Address Sedalia Mo. Date signed 3/31/44

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 4-12-49

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 L. E. Baldwin

Licensed Embalmer No. 3867

P. O. Address Sealalia

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.