

FILED JUL 28 1944

Registration District No. **11**

Primary Registration District No. **4024**

Registrar's No. **41**

1. PLACE OF DEATH:

(a) County **Barry**
(b) City or town **Cassville**
(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) **1**
(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 **Barry** **5**
(c) City or town **Cassville** **1**
(If outside city or town limits, write "RURAL") **0**
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Mary Elizabeth 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..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **February 26 1864**
(Month) (Day) (Year)

8. AGE: Years **80** Months **2** Days **8** If less than one day hr. min.

9. Birthplace **Barry County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Ephraim F. Hembree**

13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Ann Clark**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jerry Ross**

(b) Address **Cassville, Missouri**

17. (a) **Burial** (b) Date thereof **May-7-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Harnes Cemetery**

18. (a) Signature of funeral director **Culver Funeral Home**

(b) Address **Cassville - Missouri**

19. (a) **June 10-44** (b) **Grace Williams**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **4**
year **1944** hour **24** minute **P. M.**

21. I hereby certify that I attended the deceased from **Apr. 21** 19**44** to **May 4** 19**44**
that I last saw her alive on **May 4** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Acute myocarditis **1 week.**
Due to **Chronic myocarditis** **2 years**
Due to.....

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations..... **93d**
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?

While at work? (Specify type of place) (b) Means of injury
23. Signature **E. B. McDaniel** (M. D.)
Address **Cassville, Mo.** Date signed **5/12/44**

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

5-0

RECEIVED

District Health Officer No. 6;

District File Number 744-862

Date Filed JUL 25 1944

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.....

Margaret Culver....., Registered Apprentice No. 357
working under my personal supervision.

Signed S. E. Culver.....

Licensed Embalmer No. 3584.....

P. O. Address Cassville.....

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.