

FILED DEC 20 1944
Registration District No. 329

Primary Registration District No. 4484 6111

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Commerce Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: f
(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 At home of wife years, months or days _____

3. (a) PRINT FULL NAME

Robert Gaty Ross

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Maya Anaeell Ross.

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

7. Birth date of deceased Nov. (Month)

1 (Day) 1867 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>77</u> | <u>1</u> | <u>10</u> | hr. _____ min. |

9. Birthplace

Commerce Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name James Ross

13. Birthplace Commerce Mo
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Barnes

15. Birthplace Diehlstadt Mo
(City, town, or county) (State or foreign country)

16. (a) Informant

James H. Ross

(b) Address Commerce Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 12-13-44
(Month) (Day) (Year)

(c) Place: burial or cremation Daugherty Hill Mo

18. (a) Signature of funeral director B. Splinghoff Hubbard

(b) Address Illmo Mo

19. (a) 12-10-44 (Date received local registrar)

(b) She L. Hawkins (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 150
(c) City or town Commerce Rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 11 day _____
year 1944 hour 9 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec. 11, 1944 to Dec. 11, 1944;
that I last saw him alive on Dec. 11 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Duration

?

Due to Senility

Due to _____

Septicemia in arm

Other conditions (Include pregnancy within 3 months of death)

2 days

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? _____

23. Signature of _____ (Specify type of place) (e) Means of injury _____

Address Illmo, Mo. Date signed 12-12 1944

STATE OF MISSOURI

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 Mamie Beplinghoff
Licensed Embalmer No. 3242
P. O. Address Chaffee 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.