

FILED APR 17 1945

Registration District No. 178

Primary Registration District No. 4284

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

1. PLACE OF DEATH:

(a) County Legis  
(b) City or town LaBelle  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none (Specify whether)  
In this community 60yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Letts 56  
(c) City or town LaBelle  
(If outside city or town limits, write "RURAL")  
(d) Street No. none (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Frank Ross

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ida Ross 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased July 3rd, 1874  
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 20 If less than one day hr. min.

9. Birthplace Cook County Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER  
12. Name George F. Ross  
13. Birthplace Cook County Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Margert Zimmerman  
15. Birthplace Lewis County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Ida R. Ross  
(b) Address LaBelle, Missouri  
17. (a) Burial (b) Date thereof March, 26, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation LaBelle, Mo. Cemetery

18. (a) Signature of funeral director Norman W. Coker  
(b) Address LaBelle, Missouri

19. (a) 3-30-45 (b) F. W. Jennings, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd  
year 1945 hour 11:00 minute P.M.

21. I hereby certify that I attended the deceased from November 27, 1944 to March 23, 1945,  
that I last saw him alive on March 21, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 10 min

Due to  
Due to  
Other conditions Heart Block 4 mo.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 94  
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  
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 Harry L. H. Brackley (M.D. or other) D.O.  
Address La Belle, Missouri Date signed 8/26/45

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RECEIVED

District Health Officer No. 10

District File Number 445-767

Date Filed APR. 13. 1945

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 Norman D. Coder

Licensed Embalmer No. 3721

P. O. Address LaBelle, Missouri

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.