S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Pippinger

State File No. 14199

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 35

1. PLACE OF DEATH:
(a) County Dunnscot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓ 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri County Dunnscot
(c) City or town Caruthersville 19
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location) 2
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John M. Ross
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Sadie Ross
6. (c) Age of ~~husband or~~ wife if alive 50 years
7. Birth date of deceased July (Month) 27 (Day) (Year)

8. AGE: Years 66 Months 8 Days 24 If less than one day hr. min.

9. Birthplace (City, town, or county) Tenn! (State or foreign country)
10. Usual occupation
11. Industry or business Farmer.
FATHER
12. Name unknown
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Sadie Ross
(b) Address Caruthersville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Little Prairie
18. (a) Signature of funeral director La Forge Mud. Co.
(b) Address Caruthersville, Mo.
19. (a) 4-24-1945 (Date received local registrar) (b) Jessie N. Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month april day 21
year 1945 hour 1 minute 50 P M.
21. I hereby certify that I attended the deceased from June 10, 1943, 19, to Apr. 21, 1945
that I last saw him alive on Apr. 21, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of prostate.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 51 b	
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 G. W. Pippinger (M. D. or other)
Address Caruthersville, Mo. Date signed 4-22-45

1206

(Licensed Embalmer's Statement on Reverse Side)

4-45-101

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Courtheuville 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.