

FILED JUN 14 1945

Registration District No. 2

Primary Registration District No. 58254356

Registrar's No. 4227

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Parma Mo
(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 years, months or days) 10 Mon.

In this community 10 Mon.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Parma 72
(If outside city or town limits, write "RURAL") 5

(d) Street No. 6
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EARL-RAY ROSS

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1945 hour 13 minute 15 P. M.

4. Sex M. D. 5. Color of White

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

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased June 30 1944
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 10 - 45 to May 13 45
that I last saw him alive on May 13 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

10 13 hr. min.

Immediate cause of death illie Catates

Due to ✓

Due to ✓

Other conditions (Include pregnancy within 3 months of death) None

9. Birthplace Parma (City, town, or county) (State or foreign country) 0

10. Usual occupation

11. Industry or business ✓

12. Name Sammie Ross

13. Birthplace Parma (City, town, or county) (State or foreign country) 0

14. Maiden name Madine Gingham

15. Birthplace Parma Mo (City, town, or county) (State or foreign country) 0

Major findings: Of operations ✓

Of autopsy 1196

PHYSICIAN None
Underline the cause to which death should be charged statistically.

16. (a) Informant Madine Ross

(b) Address Parma

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

(b) Date the body May 15-45
(Month) (Day) (Year)

(c) Place: burial or cremation Malden

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? ✓

18. (a) Signature of funeral director Walter J. ...

(b) Address Parma Mo

19. (a) 5/19/45 (Date received local registrar)

(b) Dr. ... (Registrar's signature)

While at work? ✓ (Specify type of place) (a) Means of injury 2

23. Signature Dr. ... (Date or other) May 19 45

Address Parma Date signed May 19 45

1396

RECEIVED

District Health Office No. 2

District File Number 645-820

Date Filed 6-12-45

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 *Raymond Steele*

Licensed Embalmer No. 2476

P. O. Address *Hexter 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.