V. S. No. 2
100M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1945

Registration District No. 316

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17984

Primary Registration District No. 6074

Registrar's No. 37

1. PLACE OF DEATH:

(a) County St. FRANCOIS

(b) City or town Gumbo Randolph Twp
(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)

(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 St. Francois

(c) City or town Gumbo
(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 —

3. (a) PRINT FULL NAME Linda Leo Ross

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

6. (a) ~~Single, widowed, married,~~ ~~divorced~~ Child

6. (b) Name of husband or wife —

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

7. Birth date of deceased May (Month) 24 (Day) 1944 (Year)

8. AGE: Years — Months 11 Days 22 If less than one day — hr. — min.

9. Birthplace Gumbo (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Child

11. Industry or business —

FATHER
12. Name William W. Ross
13. Birthplace — (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Hilda Mitchell
15. Birthplace — (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mr. William W. Ross
(b) Address Gumbo, Missouri

17. (a) Burial (Burial, ~~cremation~~, or ~~removal~~) (b) Date thereof May (Month) 24 (Day) 1945 (Year)
(c) Place: burial or ~~cremation~~ Mitchell, Missouri

18. (a) Signature of funeral director J. S. Boyer + Son
(b) Address Leadwood, Missouri

19. (a) 5/24/45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1945 hour 7 minute A M.

21. I hereby certify that I attended the deceased from 5-21-1945, to 5-22-1945 that I last saw her alive on May 22, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	12 hrs
Due to: Whooping Cough	?
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature John W Hunt (M. D. or other) MD
Address Leadwood Date signed 5/22/45

1397 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 645-720
Date Filed 6-7-45

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 Melvin Miller, Registered Apprentice No. 367, working under my personal supervision.

Signed Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood 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.