DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28165

State File No.

Registration District No. 274 Primary Registration District No. 4408 Registrar's No. 229

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Smithton

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: North Part of Smithton

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 6 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis (Mo)

(c) City or town Smithton

(If outside city or town limits, write "RURAL")

(d) Street No. North part of Smithton

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MONTE E ROSS

3. (b) If veteran, name war

3. (c) Social Security No. 357-03-7281

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband or~~ wife Myrtle Fowler

6. (c) Age of ~~husband or~~ wife if alive 56 years

7. Birth date of deceased June (Month) 16 (Day) 1887 (Year)

8. AGE: Years 58 Months 7 Days 10 If less than one day hr. min.

9. Birthplace Morgan Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Tailor

11. Industry or business

FATHER 12. Name Monteville Ross

FATHER 13. Birthplace Moniteau Co Mo (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Lizzie Rutherdale

MOTHER 15. Birthplace Cooper Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Myrle Ross

(b) Address Smithton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-45 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Otterville Mo

18. (a) Signature of funeral director A. F. Nemmeyer

(b) Address Smithton Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26 year 1945 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from Apr 15 1945 to Aug 26 1945 that I last saw him alive on Aug 25 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis (both lungs)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 [illegible] (M. D. or Coroner)

Address Smithton Mo Date signed 8/27/45

1022 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 9-12-45

MAR 25 1948

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 A. F. Neumeyer

Licensed Embalmer No. 3912

P. O. Address Smithton, Ill.

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.

No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Sept

Registration District No. 274 Primary Registration District No. 4408 Registrar's No. 229

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Smithton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No part of Smithton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 6 mo.
In this community

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

3. (a) PRINT FULL NAME Monte E. 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 M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive Years
7. Birth date of deceased Jan (Month) 16 (Day) 1887 (Year)
8. AGE: Years 58 Months 7 Days If less than one day hr. min.
9. Birthplace Morgan Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business Tailor

FATHER
12. Name MONTEVILLE ROSS
13. Birthplace Moniteau Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name ANNA KUYKENDALL
15. Birthplace Cooper Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Myrtle Ross
(b) Address Smithton, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-45 (Month) (Day) (Year)
(c) Place: burial or cremation Otterville, Mo
18. (a) Signature of funeral director A. F. Neumeyer
(b) Address Smithton, Mo.
19. (a) 8-27-45 (Date received local registrar) (b) Mrs. Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 26 year 1945 hour 10 minute 10 A. M.
21. I hereby certify that I attended the deceased from 4-25, 1945 to 8-26, 1945 that I last saw him alive on 8-25, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis (both lungs)	
Due to	
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 E. E. Holtzen (M. D. or other)
Address Smithton, Mo Date signed 8-27-45

SUPPLEMENTARY

1945
S-28165