

S. No. 2
M-5-42
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28360

State File No.

FILED SEP 12 1945

Registration District No. 386

Primary Registration District No. 6070

Registrar's No. 109

1. PLACE OF DEATH:
(a) County St Francois Co
(b) City or town Libertyville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Liberty Rwp. 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.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Francois
(c) City or town Libertyville Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Liberty Rwp. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Louisa Ross
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 28 1945
year..... hour 8 minute 10 A.M.
21. I hereby certify that I attended the deceased from 7-25
..... 1945 to 7-28 1945
that I last saw her alive on 7-25 1945
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jess Ross 6. (c) Age of husband or wife if alive Don't know
7. Birth date of deceased Apr 27 1879
(Month) (Day) (Year)

Immediate cause of death apoplexy
Duration 1 yr

8. AGE: Years 66 Months 3 Days 1 If less than one day
..... hr. min.

Due to.....
Due to.....
Other conditions Heart failure from valvular lesions
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

9. Birthplace St Marys Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation house wife
11. Industry or business none
12. Name Abel Breiden
13. Birthplace St Marys Co Mo (City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know (City, town, or county) (State or foreign country)
16. (a) Informant Jess Ross
(b) Address Libertyville Mo
17. (a) Burial (b) Date thereof 7-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mountain View Mo
18. (a) Signature of funeral director Mo Duncan
(b) Address Mountain View Mo
19. (a) 8/1/45 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

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?
While at work?..... (Specify type of place) Means of injury.....
23. Signature Murray Borron (M. D. or other)
Address Fordcrest town Mo Date signed 7/30/45

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

1301

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 945-1104

Date Filed 9-18-45

SEP 24 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.....

working under my personal supervision.

Registered Apprentice No.

Signed..... *John F. Arman*

Licensed Embalmer No. 2516

P. O. Address *Northview 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.