

No. 2  
-8-43  
5-17-39  
I, X37823

State File No. ....

FILED FEB 8 1946

Registration District No. 96

Primary Registration District No. 4158

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Buffalo  
(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 37 yrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas

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

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

(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME WILLIAM DANIEL ROSS

3. (b) If veteran, name war: .....

3. (c) Social Security No. ....

4. Sex male 5. Color or race white

6.1(a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucy

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased: Aug 31 1861  
(Month) (Day) (Year)

8. AGE:

|           |          |           |                      |
|-----------|----------|-----------|----------------------|
| Years     | Months   | Days      | If less than one day |
| <u>84</u> | <u>4</u> | <u>13</u> | hr. .... min.        |

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

10. Usual occupation abstract and loans

11. Industry or business .....

12. Name Perie Rosa

13. Birthplace Bella Ala  
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Davidson

15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss W. D. Ross

(b) Address Buffalo Mo

17. (a) Burial (b) Date thereof 1-15-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director L. B. Jones

(b) Address Buffalo Mo

19. (a) 2-2-1946 (b) Grace Peter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13  
year 1946 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from 1-13 to 1-13, 1946;  
that I last saw him alive on 1-13, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings: Of operations found

Of autopsy .....

Duration 3 days

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 [Signature] (M: D: or other) [Signature]

Address Buffalo Mo Date signed 1-14-46

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

515

October No. 7,  
1-46-62  
Date Filed 2-7-46

**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 Leonard B. Jones  
Licensed Embalmer No. 2508  
P. O. Address 2445 1/2 St

**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.**