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

1654

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17875

State File No.

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 185

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 4 das. (Specify whether years, months or days)
In this community

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

3. (a) PRINT FULL NAME JAMES CHESTER ROSS

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased June (Month) 5 (Day) 1907 (Year)

8. AGE: Years 38 Months 11 Days 25 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name James Ross
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maude Usery
15. Birthplace Piedmont (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mill Springs Cem., Mill Springs, Mo.

18. (a) Signature of funeral director Gish Funeral Home
(b) Address Piedmont, Missouri

19. (a) 6-3-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1946 hour 11 minute 25 A.M.

21. I hereby certify that I attended the deceased from April 15, 1946, 19__, to May 30, 1946, 19__; that I last saw him alive on May 30, 1946, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 days
Due to: Psychosis with meningo syphilitic encephalitis	3 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): None	
Major findings: Of operations:	
Of autopsy: No 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 A. Brennan M.D. (M. D. or other)
Address State Hosp. #4 Farmington, Mo. Date signed 6/2/46

284 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 646-2241

Date Filed 6-10-46

JUL 2 1946

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 Paul K Duyal

Licensed Embalmer No. 420

P. O. Address Farmington 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.