

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

8575

FILED APR 9 1947

Registration District No. 11

Primary Registration District No. 4189

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Gasconade  
(b) City or town Rosebud  
(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 \_\_\_\_\_ (Specify whether)  
In this community 5 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade  
(c) City or town Rosebud  
(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 BONAPARTE ROSS  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 497-10-2651

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25  
year 1947 hour 4 minute 50 P.M.  
21. I hereby certify that I attended the deceased from 3-24-47  
3-25, 1947, to 3-25, 1947  
that I last saw him alive on 3-25, 1947  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Sadie 6. (c) Age of husband or wife if alive deceased years  
Blank Ross  
7. Birth date of deceased February 2 1875  
(Month) (Day) (Year)

Immediate cause of death  
Hemorrhage cerebral Duration 2 hrs  
Due to Arterio sclerosis Unknown  
Due to Hypertension Unknown  
Other conditions congestive heart failure 4-6 hrs.  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
72 1 23 - hr. - min.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 93E  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Summersville Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Night Watchman

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)  
(e) Means of injury D  
23. Signature B. M. Scanley (M. D. or other) \_\_\_\_\_  
Address Herald Ave Date signed 3-27-47

11. Industry or business \_\_\_\_\_  
12. Name John Ross  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Ballmann  
(b) Address Rosebud, Mo.  
17. (a) Burial (b) Date thereof 3 27 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation M. G. Cemetery - Rosebud, Mo.

18. (a) Signature of funeral director Wilfred H. Winter  
(b) Address Owensville, Mo.  
19. (a) 4-5-47 (b) Barthelme  
(Date received local registrar) (Registrar's signature)

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

37  
2  
6

