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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1947
Registration District No. 178

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17156
Registrar's No. 457

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 6 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84
(c) City or town Morrisville RI 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Rural (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Francis Ross

3. (b) If veteran, name war WW 3. (c) Social Security No. W-111

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eulalia Woodard Ross 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased October 15 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Polk County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business stock & grain farmer

12. Name John J. Ross

13. Birthplace Polk County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Susan Cargile

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

16. (a) Informant Ma Eulalia Ross
(b) Address Morrisville Mo RI

17. (a) Burial (b) Date thereof 6/2/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morrisville Mo

18. (a) Signature of funeral director Gene A. Brown
(b) Address Walnut Grove Mo
19. (a) 5-29-47 (b) W. S. Handy M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th
year 1947 hour 9 minute 15 a.m.

21. I hereby certify that I attended the deceased from 5-23, 1947, to 5-29, 1947, that I last saw him alive on 5-28, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia 4 days duration

Due to Acute glomerulonephritis 2 wks

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) (e) Means of injury _____

23. Signature Bruce Lemmon (M. D. number) 12447
Address Springfield Mo Date signed 7/2/47

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 *L. Edwin Goman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield, 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.