

FILED FEB 4 1948

State File No. _____

Registration District No. 236

Primary Registration District No. 4352

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Versailles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Yrs (Specify whether years, months or days)
In this community 30 Yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71
(c) City or town Versailles
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Bert W. Ross

3. (b) If veteran, name war None 3. (c) Social Security No. 500-03-2526

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Minnie Ross 6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased March 5 1877
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 18
If less than one day hr. _____ min. _____

9. Birthplace Metcalf Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Ross
13. Birthplace Paris Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Martha Danes
15. Birthplace No Record Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fred Maples

(b) Address Versailles, Mo.

17. (a) Burial (b) Date thereof Jan. 25-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Versailles Cemetery

18. (a) Signature of funeral director V. F. (unintelligible)
(b) Address Versailles, Mo.

19. (a) 1-26-48 (b) J. L. Washburn
(Date received local registrar) (Registrar's signature) V.O.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23
year 1948 hour 9 minute 15 p.m.

21. I hereby certify that I attended the deceased from Dec 2 to Jan 23, 1948
that I last saw him alive on Jan 23 and that death occurred on the date and hour stated above. 1948

Immediate cause of death Acute Cardiac Dilation Duration 2 hrs

Due to Chronic Myocarditis years

Due to _____

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

Major findings: Of operations (unintelligible)
Of autopsy (unintelligible)

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) (e) Means of injury _____

23. Signature J. L. Washburn (M. D. or other) M.D.
Address Versailles, Mo. Date signed 1/26/48

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

RECEIVED
District Health Officer No. 7
District File Number 1-48-5
Date Filed 2-3-48

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 *A. F. Edmund*

Licensed Embalmer No. *1596*
P. O. Address *Wesley, Me*

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.