

S. No. 2
1-3-43
-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7925**
Registrar's No. **355**

FILED MAR 29 1948 12

Registration District No. _____ Primary Registration District No. **1000**

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **St. Joseph**
(c) Name of hospital or institution: **Mercy Hospital**
(d) Length of stay: In hospital or institution **1 Day**
In this community **1 Day**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Holt**
(c) City or town **Forest City**
(d) Street No. " " (If rural, give location)
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Fannie May Ross**
(b) If veteran, name war **No**
(c) Social Security No. **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **22** year **1948** hour **11** minute **45** p. M.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **Terry Ross**
(c) Age of husband or wife if alive **70** years
7. Birth date of deceased **August 18 1883**

21. I hereby certify that I attended the deceased from **MAR 18** 19**48** to **MAR 22** 19**48**; that I last saw her alive on **MAR 22** 19**48**; and that death occurred on the date and hour stated above.

8. AGE: Years **64** Months **7** Days **4** If less than one day hr. min.

Immediate cause of death **GANGRENE OF JEJUNUM** Duration **24 Hrs.**
Due to **INTESTINAL OBSTRUCTION** **3 DAYS.**

9. Birthplace **Craig Missouri**
10. Usual occupation **At Home**
11. Industry or business _____

Other conditions _____
Major findings: Of operations _____
Of autopsy **122B**

MOTHER FATHER
12. Name **John Marion Carlton**
13. Birthplace **unknown Kentucky**
14. Maiden name **Fannie Ann Martin**
15. Birthplace **unknown Illinois**

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mr. Terry Ross**
(b) Address **Forest City, Missouri**
17. (a) **Burial** (b) Date thereof **Mar 25 1948**
(c) Place: burial or cremation **Oregon, Missouri**
18. (a) Signature of funeral director **James H. Pettigrew**
(b) Address **Oregon, Mo.**
19. (a) **3-24-48** (b) **L. B. Jenkins**

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? _____
(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 **2**
23. Signature **H. E. Callan** (H, I, or other) **DO**
Address **FOREST CITY, MO.** Date signed **MAR 23 1948**

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

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 James H. Pettigrew
Licensed Embalmer No. 3192
P. O. Address Oregon 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.