No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 13 1948
Registration District No.

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3000

State File No. 11359
Registrar's No. 141

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

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Laughlin Hospital + Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1½ days (Specify whether
In this community 1½ days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Macon 61
(c) City or town La Plata 2
(If outside city or town limits, write "RURAL")
(d) Street No. 312 N. Gex 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Mrs Fayme Ross
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 1
5. Color or race W.
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Mathew J. Ross
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased March (Month) 17 (Day) 1875 (Year)

8. AGE: Years 73 Months 1 Days 6 If less than one day hr. min.

9. Birthplace Whiteside Co. (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Fredrick Stinemyer
13. Birthplace — (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Caroline Seim
15. Birthplace — (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Mrs. Ralph W. Gillet
(b) Address La Plata Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 25 1948 (Month) (Day) (Year)
(c) Place: burial or cremation La Plata Mo
18. (a) Signature of funeral director W. H. McCollum
(b) Address South Gifford Mo
19. (a) 5-3-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1948 hour 5 minute 55 P M.
21. I hereby certify that I attended the deceased from Apr 22, 1948 to April 23, 1948 that I last saw her alive on April 23, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral Hemorrhage right side | 1½ days |
| Due to Hypertensive Heart Disease | 2 |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN
Underline the cause of 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) 2
While at work? (e) Means of injury
23. Signature H. D. McClure (M. D. or other) DO
Address Kirksville, Mo Date signed 7/23/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

JUN 30 1961

RECEIVED
District Health Officer No. 10
District File Number 5-48-846
Date Filed MAY 12 1948

**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 W. H. McGallum

Licensed Embalmer No. 2052

P. O. Address South Gifford Ave

**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.**