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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **35453**

FILED NOV 1 1948

Registration District No. **375**

Primary Registration District No. **6277**

Registrar's No. **45**

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

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Hartville Rural Boone
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright

(c) City or town Hartville Rural Boone
(If outside city or town limits, write "RURAL")

(d) Street No. Seven Miles North
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Logan Ross

3. (b) If veteran, name war _____ 3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife Lena E. Ross 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased August 25 1896
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15
year 1948 hour Five minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct. 7, 1948
to Oct 15, 1948
that I last saw him alive on Oct 15, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

52 1 20 hr. _____ min.

Immediate cause of death: Chronic cardiac Insufficiency

Due to Coronary occlusion

Due to _____

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

9. Birthplace Mansfield Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

Major findings: _____
Of operations _____

Of autopsy _____

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

MOTHER FATHER {

11. Industry or business _____

12. Name M. E. Ross

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

14. Maiden name Florence O. Newton

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

16. (a) Informant Lena E. Ross

(b) Address Hartville, Mo.

17. (a) Burial (b) Date thereof Oct-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Creek

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) (c) Means of injury 2

23. Signature J. Worthey (M. D. or other) _____
Address Hartville Mo Date signed 10-16-48

18. (a) Signature of funeral director Gene E. Halder

(b) Address Hartville Mo.

19. (a) Oct. 23, 1948 (b) E. Garner
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 6;

District File Number 1048-1210

Date Filed 10-29-48

JAN 13 1949

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 Gene E. Haldren

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.