2
43
39
37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37502

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 264

1. PLACE OF DEATH:
(a) County: Nodaway
(b) City or town: Maryville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McBride Nursing Home 4 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)
In this community 73 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Nodaway 74
(c) City or town: Maryville (If outside city or town limits, write "RURAL") 1
(d) Street No. (If rural, give location) 2 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: GEORGE ROSS
3. (b) If veteran, name war: none
3. (c) Social Security No.
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: March (Month) 24 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
73	7	14	hr. min.

9. Birthplace: Nodaway Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business
FATHER 12. Name: Tillman Ross 1
13. Birthplace: Terre Haute (City, town, or county) Indiana (State or foreign country)
MOTHER 14. Maiden name: Mary Ellen Caskill
15. Birthplace: Nodaway Co. (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant: Mr. Dave Ross
(b) Address: Maryville, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cemetery
18. (a) Signature of funeral director: Price Funeral Home
(b) Address: Maryville, Missouri
19. (a) 11-13-48 (Date received local registrar) (b) Bess Belt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8 year 1948 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from June 20, 1947, to Nov 8, 1948, that I last saw him alive on Nov 8, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis of lungs — Duration: 1 yr.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death): Biopsy at St Francis Hospital
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)
While at work? (e) Means of injury 0
23. Signature R E Ferguson (M. D. or other)
Address Maryville Mo Date signed 11/17/48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.