

S. No. 3906
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 27 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39432**
Registrar's No. **1355**

Registration District No. **12**

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Missouri Methodist Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **13 days**
In this community **21 years.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **2614 Folsom Street**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Anna Daniels Ross**
(b) If veteran, name war **None**
(c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** day **16th**
year **1948** hour **10** minute **40 A.M.**
21. I hereby certify that I attended the deceased from **4-19**
1948 to **12-16** 19**48**;
that I last saw her alive on **12-16-48**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Thomas A. Ross**
6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **June 8 1878**
(Month) (Day) (Year)

Immediate cause of death **General Carcinomatosis**
Carcinoma Cervix
Due to **Carcinoma Cervix**
Due to
Other conditions **Bronchial Pneumonia**
(Include pregnancy within 3 months of death)

8. AGE: Years **70** Months **6** Days **8**
If less than one day hr. min.
9. Birthplace **Stanberry Missouri**
(City, town, or county) (State or foreign country)

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation **At home**
11. Industry or business
12. Name **John Thomas Norman**
13. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown Daniela**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Thomas Ross**
(b) Address **R. #2. St. Joseph, Missouri.**

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?

17. (a) **Removal** (b) Date thereof **Dec. 20, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Engelwood Park, Calif.**
18. (a) Signature of funeral director **Nathan Kierkoffer**
(b) Address **1946 Colhoun St., St. Joseph, Mo.**
19. (a) **Dec 20, 1948** (b) **E. G. Jenkins**
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury
23. Signature **Geoffrey Beek** (M. D. or other)
Address **218 No. 7th Street** Date signed **12-16-48**

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, ~~and~~.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *Raymond W. Morehead*.....

Licensed Embalmer No. 4413 Missouri.....

P. O. Address St. Joseph, 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.