

FILED JAN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39990

State File No. _____

| | | | | | | | | |
|---|--|--|--|---|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>144</u> | | PRIMARY REG. DIST. NO. <u>4234</u> | | Registrar's No. <u>1</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Iron County</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Granton</u> | | c. LENGTH OF STAY (In this place) <u>6 hours</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Old Mines</u> | | 0 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST Marys Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) _____ | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Joseph Dennis Ross</u> | | | a. (First) _____ b. (Middle) _____ c. (Last) _____ | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12 31 1948</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | | 8. DATE OF BIRTH <u>July 8 - 1947</u> | | |
| 9. AGE (In years last birthday) <u>one</u> | | IF UNDER 1 YEAR Months <u>5</u> Days <u>22</u> | | IF UNDER 6 HRS. Hours <u>1</u> Min. _____ | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Old Mines, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? _____ | |
| 13a. FATHER'S NAME <u>Nelson Ross</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Grace Bourisaw</u> | | | 14. NAME OF HUSBAND OR WIFE _____ | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Nelson Ross</u> ADDRESS <u>Old Mines Cedar St. Mo</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. <u>107</u> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute B1-lateral bronchial pneumonia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>acute virus pharyngitis (Cold)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>12/28/48</u> <u>12/27/48</u> | | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | | |
| 22. I hereby certify that I attended the deceased from <u>12-31</u> , 19 <u>48</u> , to <u>12-31</u> , 19 <u>48</u> , that I last saw the deceased alive on <u>12-31</u> , 19 <u>48</u> , and that death occurred at <u>6⁰⁰</u> P. m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>R. E. Harland</u> (Degree of title) _____ | | | | 23b. ADDRESS <u>Granton Mo.</u> | | 23c. DATE SIGNED <u>1-2-49</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1-2-1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St Joachim Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Old Mines Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>1-3-49</u> | | REGISTRAR'S SIGNATURE <u>Mrs Aris Jones</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyer Funeral Home</u> | | ADDRESS <u>Potosi Mo</u> | | |

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

RECEIVED

Health Officer No. 4
File Number 149-54
Date Filed 1-10-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Mary M. Smith

Signed _____
Student Embalmer

Licensed Embalmer No. 4394

P. O. Address Potosi, 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.