

FILED JUN 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22270

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 331 PRIMARY REG. DIST. NO. 4484 Registrar's No. 8

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

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Commerce</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Commerce</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>Gen. Delivery</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gen. Delivery</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wayman</u> b. (Middle) <u>H.</u> c. (Last) <u>Ross</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 8, 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>March 20, 1889</u>		9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>19</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		
11. BIRTHPLACE (State or foreign country) <u>Commerce, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Madison Ross</u>		13b. MOTHER'S MAIDEN NAME <u>Elvira Greer</u>		14. NAME OF HUSBAND OR WIFE <u>Nonie Ross, deceased</u>	
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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 ADDRESS <u>Mrs. Elvira Ross, Gen. Del. Commerce, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Myocardial Decompensation</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Decompensation</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Chronic Myocarditis</u>			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		<u>Hypertension</u>			
Conditions contributing to the death but not related to the disease or condition causing death.		<u>Cerebral Hemorrhage</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) _____		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 June 6, 1949 to June 8, 1949, that I last saw the deceased alive on June 6, 1949, and that death occurred at 11:48 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. P. Brogan</u>		23b. ADDRESS <u>200 1/2 Benton Mo.</u>		23c. DATE SIGNED <u>6/11/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 12, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Commerce</u>		24d. LOCATION (City, town, or county) (State) <u>Commerce, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>June-15-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Addie Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. J. ... Cape Girardeau, Mo.</u>	
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RECEIVED  
District Health Office No. 649-70  
District File Number  
Date Filed  
JUN 18 1949

JUN 23 1949

6781 10 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Frank Sparks

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.