

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36141

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 6272		Registrar's No. 35					
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth 113							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Allen Township				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Allen Township 0							
d. FULL NAME OF HOSPITAL OR INSTITUTION Allendale, Mo. 1				d. STREET ADDRESS (If rural, give location) Allendale 0							
3. NAME OF DECEASED (Type or Print) Essie				a. (First) Ross		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 10 25 1949	
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH October 27, 1894		9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months 11 Days 28 IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				10b. KIND OF BUSINESS OR INDUSTRY housekeeping		11. BIRTHPLACE (State or foreign country) Allendale, Mo. 0				12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Walter Wood				13b. MOTHER'S MAIDEN NAME Olive Brewitt				14. NAME OF HUSBAND OR WIFE Harry Ross			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Harry Ross ADDRESS Allendale, Mo.					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Carcinoma of Colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 7 mo 153X							
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>				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) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from Sept 10 1949 , to 10-26 1949 , that I last saw the deceased alive on _____, 19____, and that death occurred at 3:30 p.m. , from the causes and on the date stated above.											
23a. SIGNATURE [Signature] (Degree or title) 0				23b. ADDRESS [Signature]				23c. DATE SIGNED 10-26-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) buried		24b. DATE 10 27 1949		24c. NAME OF CEMETERY OR CREMATORY Kirk Cemetery		24d. LOCATION (City, town, or county) Allendale, Mo. (State) _____					
DATE RECD BY LOCAL REG. 10-29-49		REGISTRAR'S SIGNATURE [Signature]		345		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Long City, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student
Student Embalmer

Signed _____

Arch C. Danglee

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.