

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25554
Do not use this space.

REC'D AUG 3 1939

1. PLACE OF DEATH

(a) County Franklin Registration District No. 297
 (b) Township _____ Primary Registration District No. 3016
 (c) City Washington (d) Street No. St. Francis Hospital Registered No. 71
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. 4 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mark Ross

(a) Residence, No. New Haven, Mo St. New Haven, Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 6 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. upil
 9. Industry or business in which work was done, as saw mill, bank, etc. Public School
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER 13. NAME Ed. Ross

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

MOTHER 15. MAIDEN NAME Goldie Bennett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Ed. Ross
New Haven, Mo

18. BURIAL, CREMATION, OR REMOVAL Interred DATE July 16 - 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Howard Pleasie
Bogart Mo

20. FILED July 14 1939 A. D. May
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1939

22. I HEREBY CERTIFY That I attended deceased from July 10 1939 to July 14 1939

I last saw him alive on July 14 1939. Death is said to have occurred on the date stated above, at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

Fracture 6th cervical vertebrae Date of onset July 5-3/9

Other contributory causes of importance: Injury sustained by July 5 falling from scaffold 1939

Name of operation none Date of _____

What test confirm Chemical before an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide suicide Date of injury July 5, 1939

Where did injury occur? New Haven, Franklin Co, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at home

Manner of injury fall from scaffold

Nature of injury Fracture 6th cervical vertebrae

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify R. R. Co. employe

(Signed) R. R. Co. employe M. D.
Washington Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1-17853

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 Kimberly Blumner

Licensed Embalmer No. 528

P. O. Address Berger, 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, above space should be left blank.