

Registration District No. 263

Primary Registration District No. 6137 45 17 Registrar's No. 5

1. PLACE OF DEATH

(a) County TEXAS County

(b) City or town HOUSTON MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 85 yrs
(Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME NANCY MARGARET ROSS

3. (b) If veteran, name war _____ (c) Social Security No. 00494 pension

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife CLFRED ROSS 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. APRIL 8 1855
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace TEXAS County, MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE KEEPER

11. Industry or business _____

12. Name TOMMY JOHNSON

13. Birthplace 1 TENN
(City, town, or county) (State or foreign country)

14. Maiden name MADAMIE MARTIN

15. Birthplace 1 TENN
(City, town, or county) (State or foreign country)

16. (a) Informant MRS MADGE PARNETER

(b) Address HOUSTON, MO.

17. (a) BURIAL (b) Date thereof JAN. 17 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELLIS MARRIE

18. (a) Signature of funeral director Gayland Vellitt

(b) Address Cherry

19. (a) Jan. 17 1941 (b) Mabel Shacklett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TEXAS 107

(c) City or town HOUSTON
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 15 year 1941 hour 2 minute _____ P. M.

21. I hereby certify that I attended the deceased from 1-15, 1941, to 1-18, 1941, that I last saw h. er alive on 1-15, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Possibly

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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? _____

23. Signature ARK BARKER (M. D. or other) D
Address Houston Mo Date signed 1-16-41

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 5,

District File Number 24/257

Date Filed _____

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 Gaylord V. Ellis
Licensed Embalmer No. 2252
P. O. Address Cabool 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.