S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6824

Registration District No. 1035 Primary Registration District No. 5371 Registrar's No. 14

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

1. PLACE OF DEATH:

(a) County Dent ~~Current~~

(b) City or town Rural Current Twp.
(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 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DDent 33

(c) City or town Rural 0
(If outside city or town limits write "RURAL")

(d) Street No. Near Joy, Mo. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME John Delmarlee Ross

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife ------

6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased October (Month) 27 (Day) 1940 (Year)

8. AGE: Years — Months 3 Days 10 If less than one day hr. min.

9. Birthplace Dent County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Infant

11. Industry or business ----------

FATHER
12. Name John Ross
13. Birthplace (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Faye Holland
15. Birthplace Dent County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant John Ross
(b) Address Joy, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/41 (Month) (Day) (Year)
(c) Place: burial or cremation ~~Montauk~~ Patterson Cemetery

18. (a) Signature of funeral director Carl K. Spencer
(b) Address Salem, Missouri

19. (a) 2/11/41 (Date received local registrar) (b) J. A. Kisovek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7
year 1941 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from Feb 7, 1941, to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death The Infant was dead on my arrival here

Due to it died of Bronchial Pneumonia

Due to N M D

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 107

Of autopsy

Duration

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

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? 2/11 (Specify type of place)
While at work? (e) Means of injury

23. Signature Leslie Randall (M. D. or other)
Address Lukins Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, Ma

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.