

FILED JUL 7 1941

Registration District No. 771

Primary Registration District No. 4462

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH

(a) County St. Francois  
(b) City or town Bismarck  
(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 St. Francois  
(c) City or town Bismarck  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Monroe Ross

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Caroline Ross 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 7 - 1856  
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Nashville Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business Tennessee Pacific R.R.

12. Name James Ross

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

14. Maiden name Martha Ann Ross

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

16. (a) Informant Miss Jean Ross

(b) Address Bismarck Mo.

17. (a) Burial (b) Date thereof Jan 8-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bismarck Mo.

18. (a) Signature of funeral director White & Hill

(b) Address Bismarck Mo.

19. (a) Jan 7-41 (b) W. G. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7  
year 1941 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from 6-6-1941  
to 6-7-1941

that I last saw him alive on 6-7-1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Senility

Due to Apoplexy

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations ✓

Of autopsy no

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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?  
no (Specify type of place) \_\_\_\_\_  
While at work (e) Means of injury \_\_\_\_\_

23. Signature James W. Hoffmann (M. D. or other) \_\_\_\_\_

Address Bismarck Mo. Date signed 6-7-41

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

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

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**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.....

*Amel J. White*

Licensed Embalmer No.....

*3012*

P. O. Address.....

*Houston Texas*

**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.**