

No. 2
-1-4-41
5-17-39
K X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED 067 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31850

State File No. _____

Registration District No. 421

Primary Registration District No. 4249

Registrar's No. 68

1. PLACE OF DEATH:
 (a) County Jefferson
 (b) City or town Festus 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 _____ (Specify whether _____)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Jefferson
 (c) City or town Festus
 (If outside city or town limits, write "RURAL")
 (d) Street No. S. Adam St.
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Nona Ross
 3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex F 3 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Wayman Ross 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 9 1895
 (Month) (Day) (Year)

8. AGE: Years 46 Months 5 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Commerce Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name C. Charles Coe

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

14. Maiden name Winters

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

16. (a) Informant Garnie Patterson

(b) Address Festus

17. (a) burial (b) Date thereof Sept. 14-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion Cem. Festus Mo.

18. (a) Signature of funeral director Dwester Vinard

(b) Address Festus Mo

19. (a) Sept 15 1941 (b) J. C. Rutledge
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11
 year 1941 hour 6 minute 30 M.
 21. I hereby certify that I attended the deceased from July 14
 1941 to Sept 11 1941
 that I last saw her alive on Sept 6 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
 Duration _____

Due to _____

Due to _____

Other conditions Hypertension
 (Include pregnancy within 7 months of death)

Major findings:
 Of operations 93d

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

Signature Bertalan Belgar M. D. or other _____

Address Festus, Mo Date signed 9/13/41

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

MOTHER FATHER

58 (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..... *A. Stuyard*
.....
Licensed Embalmer No..... *3010*
P. O. Address..... *Festa me*

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.