

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35714  
Registration District No. 1102 Primary Registration District No. 5870 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Pemscot  
(b) City or town Bragg City, Pemscot  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 13 years years, months or days

3. (a) PRINT FULL NAME Francis Marion Ross  
8. (b) If veteran, name was Spanish 8. (c) Social Security No. NO

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife M. Bowman Ross 6. (c) Age of husband or wife if alive 28 years  
7. Birth date of deceased Dec 7 1910 (Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 28 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Bird Ross  
13. Birthplace Don't know (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name Angelina McComb  
15. Birthplace Don't know (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant's own signature Dr. Shivers  
(b) Address Hwy 6, Mo

17. (a) Rural (b) Date thereof Oct-13/41 (Month) (Day) (Year)  
(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Kenneth W. Hays  
(b) Address Kennett, Mo

19. (a) 10-25-41 (b) Mrs L.R. Cole (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Pemscot  
(c) City or town Bragg City (If outside city or town limits, write "RURAL")  
(d) Street No. Rural (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11 year 1941 hour 1:15 minute 0 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Unknown Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to 200a

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

Major findings: Of operations Autopsy held, results Underline the cause to which death should be charged statistically.  
Of autopsy unknown at the time

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 \_\_\_\_\_

23. Signature Julius V. Moore (D. or other) \_\_\_\_\_  
Address Hwy 6, Mo Date signed 10/14/41

WRITE PLAINLY—USE INK  
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 im-

11-41-5

С ВЛУСК ІІК-ВУКІ V БЕРУА

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. C. Lansdell

Licensed Embalmer No. 818

P. O. Address Kennett 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.

AMILE 01 17

I have no record  
what ever of this  
death. Coroner J. V. Moore  
of Hayti had charge

It is rumored this person  
was poisoned by his  
wife who is awaiting  
trial on charge of  
poisoning husband.  
Mrs Cole

Please give us a cause of death or  
probable cause of death on this  
certificate. Washington, D. C.  
asks that we have a cause of death  
on each certificate. Thank you.

1941-5-35714

Please write requested information on  
face of supplemental and return  
immediately in the enclosed franked  
envelope. Thank you.

~~James Stewart, M.D.~~  
Special Agent, Bureau of Census

Registration District No. **1102**

Primary Registration District No. **5870**

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

1. PLACE OF DEATH

(a) County **Pemiscot**  
(b) City or town **Rural**  
(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)

3. (a) PRINT FULL NAME **Frances M. Ross**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**

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

7. Birth date of deceased **Dec 7**  
(Month) (Day) (Year)

8. AGE: Years **71** Months **9** Days **28**  
(If less than one day, in \_\_\_\_\_ min.)

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** year **1941** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ days on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other)  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTARY