

FILED DEC 30 1942

Registration District No. ....

Primary Registration District No. 3007

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

1. PLACE OF DEATH:  
 (a) County Butler  
 (b) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)  
 (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 years, months or days)  
 In this community 2 mo. 16 days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Butler 12  
 (c) City or town 502 Kinzer Poplar Bluff, Mo. 7  
(If outside city or town limits, write "RURAL") 3  
 (d) Street No. ....  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country..... 0

3. (a) PRINT FULL NAME Cecil Monroe Ross  
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec. 6, 1942 day.....  
 year..... hour..... minute 6 A. M.

4. Sex M 5. Color or race W  
 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 Sept. 19, 1942  
(Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day  
6 2 16 hr. min.

Immediate cause of death.....  
Strabulation on mucus from throat.  
 Due to Pneumonia and chest cold.

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

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

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

MOTHER FATHER {  
 12. Name Everett Ross  
 13. Birthplace Butler County, Mo.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Syble Allen  
 15. Birthplace Poplar Bluff, Mo.  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations.....  
 Of autopsy no.  
 PHYSICIAN 99  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Everett Ross  
 (b) Address 502 Kinzer, Poplar Bluff, Mo.  
 17. (a) Dec. 7, 1942 (b) Date thereof Marble Hill  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Marble Hill cemetery

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) accident 12-8  
 (b) Date of occurrence Dec. 6, 1942  
 (c) Where did injury occur? Home  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Greer Croy  
 (b) Address Poplar Bluff, Missouri  
 19. (a) 12/11/42 (b) Belle Kinnear  
(Date received local registrar) (Registrar's signature)

While at work?.....  
(Specify type of place) (Means of injury)  
 23. Signature Alfred M. Greer (M.D. Coroner)  
 Address Poplar Bluff, Missouri Date signed 12/7/42

RECEIVED

District Health Office No. 2,

District File Number 1342-1716

Date Filed 12-28-42

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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.....

Licensed Embalmer No. 3474

P. O. Address. Poplar Bluff

**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.