

17254

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 14 1943

Registration District No. 2Primary Registration District No. 4009Registrar's No. 62

## 1. PLACE OF DEATH:

(a) County Andrew  
 (b) City or town Savannah  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Nicholas Sanatorium  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 days  
 (Specify whether  
 In this community 8 days  
 years, months or days)

8. (a) PRINT FULL NAME Clara Elizabeth Ross8. (b) If veteran, name war no 8. (c) Social Security No. none4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife A. D. Ross 6. (c) Age of husband or wife if alive 66 years7. Birth date of deceased 9 (Month) 29 (Day) 1877 (Year)8. AGE: Years 65 Months 9 Days 15 If less than one day hr. min.9. Birthplace Stonecreek Ohio  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Chris Wenger  
13. Birthplace Stonecreek Ohio  
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Meyer  
15. Birthplace Stonecreek Ohio  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature A. L. Ross(b) Address Calgary, Alta. Canada17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-16-43  
(Month) (Day) (Year)(c) Place: burial or cremation Stonecreek Ohio18. (a) Signature of funeral director Halter Meierhoffer(b) Address Dr. Joseph M. ...a) 5-16-1943 (Date received local registrar) (b) F. H. Fritchman (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Canada (b) County Alta  
 (c) City or town Calgary  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 731 Third St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. 8 days years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 14  
year 1943 hour 3 minute 40 M.21. I hereby certify that I attended the deceased from 5-6-, 1943, to 5-14-, 1943  
that I last saw him alive on 5-14-, 1943  
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Hemorrhage  
Hemiplegia right side Duration 3 daysDue to \_\_\_\_\_  
Due to carcinoma right breast 2 yrs.Other conditions (Include pregnancy within 3 months of death) 50

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

Of autopsy none 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 \_\_\_\_\_

23. Signature Willard H. Stearns (M. D. or other) \_\_\_\_\_  
Address Savannah Ga. Date signed 5-14-43

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

All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 Geo E Daniel

Licensed Embalmer No. 3300

P. O. Address St Joseph 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.**