

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

32
0
0

32
0
0
FILED OCT 20 1943 29
District No.

Primary Registration District No. 4166

Registrar's No. 141

1. PLACE OF DEATH:

(a) County DeKalb Co.
(b) City or town Weatherby, Mo.
(c) Name of hospital or institution: XXX /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. XXX years
In this community ~~XXXX~~ years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb
(c) City or town Weatherby
(d) Street No. XXX
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lessie Ross

3. (b) If veteran, name war. XXX 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Benjamin E. Ross 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased August 30 1873 (Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 1 If less than one day .hr. .min.

9. Birthplace DeKalb County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife retired

11. Industry or business

12. Name Jefferson Reid 13. Birthplace Pulaskia County Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Caroline Howard 15. Birthplace Madison County Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Homer Criddle (b) Address Maysville, Mo.

17. (a) Burial (b) Date thereof 9/2/43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alta Vista Semetary

18. (a) Signature of funeral director Mrs Kate Shoup (b) Address Winston, Mo.

19. (a) 9443 (b) Criddle (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31 year 1943 hour 3:00 minute A.M.

21. I hereby certify that I attended the deceased from last illness Aug 19th 1943 to Aug 31st 1943; that I last saw her alive on Aug 28th 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to
Due to

Other conditions Hypertension (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?
(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 Fred K. Wilson (M. D. or other) M.D. Address Winston, Mo. Date signed 9-1-43

Duration Several months

PHYSICIAN

Underline the cause to which death should be charged statistically.

9321

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

1248

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. 1180

P. O. Address Cameron, 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, fact should be so stated above.