

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

FILED DEC 17 1943

Registration District No. 355236

Primary Registration District No. 650-271035

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

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

1. PLACE OF DEATH  
(a) County SHANNON  
(b) City or town RURAL Spicy Valley  
(c) Name of hospital or institution:

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO. (b) County TEXAS  
(c) City or town RURAL - CARROLL

(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 YRS

(If outside city or town limits, write "RURAL")  
(d) Street No. 5 MI. WEST SUMMERSVILLE

In this community \_\_\_\_\_ years, months or days

(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME BETTY LEE ROSS

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month NOV day 29 year 1943 hour 10 minute P. M.

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

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

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

Immediate cause of death: Unknown -

7. Birth date of deceased August 2 1937 (Month) (Day) (Year)

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

8. AGE: Years 5 Months 3 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

9. Birthplace BILLINGS MONT. (City, town, or county) (State or foreign country)

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

10. Usual occupation \_\_\_\_\_

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

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

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

12. Name JESSE F. ROSS 13. Birthplace BRUCEVILLE ARKANSAS

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

14. Maiden name MAXINE GEORGIA LEWIS 15. Birthplace FUNNIE MO.

Of autopsy \_\_\_\_\_

16. (a) Informant MRS. J. E. ROSS (b) Address Summersville, Mo.

PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof Dec. 7 1943 (c) Place: burial or cremation Summersville, Mo.

22. If death was due to external causes, fill in the following:

18. (a) Signature of funeral director NONE (b) Address \_\_\_\_\_

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_ (b) Date of occurrence \_\_\_\_\_

19. (a) Dec 4 1943 (b) Mrs Paul Reley (c) (Date received local registrar) (Registrar's signature)

(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 Dr. Lawrence Hampton (M. D. or other) \_\_\_\_\_ Address Summersville Date signed 10/30

**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.

*No to embalmed*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**