

FILED FEB 1 1944

Registration District No. 38

Primary Registration District No. 2066-5-120

Registrar's No. 308

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: no  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Boone

(c) City or town Columbia  
(If outside city or town limits, write "RURAL")

(d) Street No. 307 N 9th St  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frances Ross

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17th year 1943 hour 5:45 minute P M.

21. I hereby certify that I attended the deceased from Dec. 17, 1943 to \_\_\_\_\_ 19\_\_\_\_;

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased: Dec 17 1943  
(Month) (Day) (Year)

that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to 3 Mo's premature

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 2 hr. min.

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

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

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

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

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

10. Usual occupation Infant

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

12. Name John H Ross

13. Birthplace Friend Mo (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Germaine

15. Birthplace New Athens Ill (City, town, or county) (State or foreign country)

16. (a) Informant John H Ross

(b) Address 307 N 9th St

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Dec 18 43 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director R. A. [unclear]

(b) Address Columbia Mo

19. (a) 12-18-43 (Date received local registrar)

(b) Edna H. Burk (Registrar's signature)

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 J

23. Signature Walter J. Sparks (M. D. or other) D.O.

Address 311 O.C. Ave. Columbia, Mo. Date signed 12-18-43

**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 *R. O'Keefe*

Licensed Embalmer No. 3185

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.**