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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 14 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3799

State File No. _____
Registrar's No. 26

Registration District No. 251 Primary Registration District No. 3048

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis hospital
(If not in hospital or institution, write street number or location) 1 week
(d) Length of stay: In hospital or institution 9 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Burlington Junction
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) no
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Lincoln Ross
3. (b) If veteran, name war NO
3. (c) Social Security none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 28
year 1944 hour 9 minute 50 P. M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Zerlina Ross
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 18 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 12 1944 to January 28 1944
that I last saw him alive on January 28 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 5 10 _____ hr. _____ min.

Immediate cause of death Bronchial Pneumonia Duration _____
Uremia

9. Birthplace Gentry County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation retired farmer

Due to Chr Prostatitis
Due to _____

11. Industry or business _____
12. Name Robert M. Ross
13. Birthplace Millersburg Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Eliza A. Inote
15. Birthplace Terre Haute Ind.
(City, town, or county) (State or foreign country)

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

16. (a) Informant Opplie Ross
(b) Address Braddyville Iowa

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

17. (a) burial (b) Date thereof 1-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place, burial or cremation Ohio Cemetery

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? _____

18. (a) Signature of funeral director Funeral home Maryville Mo
(b) Address _____
19. (a) Jan. 29 1944 (b) Alvin Barber
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature W. H. Taylor (M. D. or other) _____
Address Maryville, Mo. Date signed 1-29-44

1349 (Licensed Embalmer's Statement on Reverse Side)

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

74
1
2

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.....

W L Gee

Licensed Embalmer No.....

2539

P. O. Address.....

Manville

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.