

S. No. 2
M-5-43
5-17-39
I X3667

FILED MAR 22 1946
Registration District No. **33C**

Primary Registration District No. **6136**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Shannon

(b) City or town Rural Spring Valley # 29
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 70 yrs

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas **107**

(c) City or town Rural - Spring Valley # 29
(If outside city or town limits, write "RURAL") **0**
(If rural, give location)

(d) Street No. _____

(e) Citizen of foreign country? _____
If yes, name country (Yes or No)

3. (a) PRINT FULL NAME John A. Ross

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19
year 1946 11 hour 30 minute P. M.

21. I hereby certify that I attended the deceased from
Feb 2, 1946, to Feb 18, 1946
that I last saw him alive on FEB 18, 1946
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W.

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

6. (b) Name of husband or wife ANNA

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 15-1867
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Due to arterial Hypertension

Due to myocarditis

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

8. AGE: Years Months Days If less than one day

78 10 4 hr. _____ min.

9. Birthplace Edwardville Ill.
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy §30

Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer

11. Industry or business

12. Name John Ross

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

14. Maiden name Emily Wright

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Ross

(b) Address Summersville

17. (a) Burial **(b) Date thereof** Feb 21 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Summersville

18. (a) Signature of funeral director Wayland V. Elliott

(b) Address Capool, Mo

19. (a) 3-7-46 **(b)** Walter Ross
(Date received local registrar) (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)

23. Signature Dr. Lawrence Hampton (M. D. or other) **Date signed** Feb 21

Address Summersville Mo.

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

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.

not 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.