

FILED SEP 10 1946

State File No. _____

Registration District No. 356

Primary Registration District No. 62094521

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Houston Briery
(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 _____)

In this community life years, months or days

3. (a) PRINT FULL NAME MARY JANE ROSS

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

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

6. (b) Name of husband or wife Berry Ross 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 15 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 29 If less than one day hr. min.

9. Birthplace Texas Co. Texas
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name George Coy

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

14. Maiden name Jan McQuade

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

16. (a) Informant Mrs. Georgia Ingram

(b) Address Venture, Calif.

17. (a) Burial (b) Date thereof 8/18/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houston

18. (a) Signature of funeral director Raymond J. Elliott

(b) Address Houston, Tex.

19. (a) August 24 1946 Myrtle Craig
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Texas

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14
year 1946 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from 7-2
_____, 1946, to 8-14, 1946

(that I last saw h. alive on 8-13, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 7 days

Due to decreased severity & arteriosclerosis

Due to old age

Other conditions arterio sclerosis & hypertension
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy Q2A

Underline the cause to which death should be charged statistically.

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 _____

23. Signature R. T. Harsh (M. D. or other) M.D.

Address Houston Date signed 8-18-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
28194

RECEIVED

District Health Officer No. 5.

District File Number 946496

Date Filed 9-6-46

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..... Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address. Houston, 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.