V. S. No. 2
00M—8-43
ev. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 30 1946

State File No. 29724

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 314

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7m 13d (Specify whether
In this community 7m 13d years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 14
(c) City or town Bowling Green 1 (If outside city or town limits, write "RURAL")
(d) Street No. 2 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 6
If yes, name country —

3. (a) PRINT FULL NAME SAMUEL M. ROSS

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

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife don't know
(c) Age of husband or wife if alive don't know years
7. Birth date of deceased May (Month) 10 (Day) 1861 (Year)

8. AGE: Years 85 Months 4 Days 13 If less than one day hr. min.

9. Birthplace (City, town, or county) Ohio (State or foreign country)
10. Usual occupation none
11. Industry or business none

FATHER
12. Name L Ross
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Malinda Young
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Hospital records
(b) Address Fulton Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-24-46 (Month) (Day) (Year)
(c) Place: burial or cremation De Soto Mo
18. (a) Signature of funeral director Wallace Funeral Home
(b) Address Fulton Mo
19. (a) 9-24-1946 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22 year 1946 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Sept 20, 1946 to Sept 22, 1946 that I last saw him alive on Sept 21, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	1 yr
Due to	
Due to	
Other conditions general arterio-sclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 93D

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury 1

23. Signature J C Caldwell (M. D. or other) MD
Address Fulton Mo Date signed 9/22/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 2-46-195
Date Filed 9-30-46

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.