

No. 2
5-43
5-17-39
1 X36871

FILED JUN 14 1947

State File No. _____

Registration District No. 164

Primary Registration District No. 3037

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:
218 West Culton /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No
(Specify whether)

In this community 48 Yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Warrensburg Mo 2
(If outside city or town limits, write "RURAL")

(d) Street No. 218 W Culton 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME George Clarence Ross

3. (b) If veteran, no name war _____

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 31 year 1947 hour 13 minute 145 AM

21. I hereby certify that I attended the deceased from Jan 1946 19____, to May 31, 1947
that I last saw him alive on May 29, 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Myrtle Ross

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Nov. 23 1898
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion Duration 1 hr

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>6</u>	<u>8</u>	hr. _____ min. _____

Due to _____

Due to _____

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

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

10. Usual occupation Farmer

11. Industry or business _____

Major findings: Of operations 94H

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Louis T. Ross

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

14. Maiden name Lizzie M. Boland

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

16. (a) Informant Myrtle Ross

(b) Address 218 West Culton

17. (a) Burial (b) Date thereof 6-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

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 Sweeney Phillips

(b) Address Warrensburg Mo.

19. (a) 6-2-47 (b) Sweeney Phillips
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Phlee Cooper (M. D. or other) _____

Address Warrensburg Date signed 6-2-47

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

SEP 3 1947

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 J. Earl Priest:
Licensed Embalmer No. 3878
P. O. Address Warrensburg 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.