

S. No. 2
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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 28 1947
Registration District No. 142

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Terrell
State File No. **24043**
Registrar's No. 67

Primary Registration District No. 4231

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

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Mountain View, Mo
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
In this community 8 Years
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Charles C. Ross
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 13th
year 1947 hour 1 minute 45 AM.
21. I hereby certify that I attended the deceased from July 6, 1947 to July 13, 1947
that I last saw him alive on July 11, 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha L. Ross
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased: Oct. 3rd
(Month) (Day) (Year)

Immediate cause of death Cerebral
apoplexy =
Senility
Due to _____
Due to _____

8. AGE: Years 79 Months _____ Days _____
If less than one day _____ hr. _____ min.
9. Birthplace _____ (City, town, or county) Ohio (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) ggt
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Farming
11. Industry or business _____
MOTHER FATHER { 12. Name Not Known
13. Birthplace Not Known
14. Maiden name Not Known
15. Birthplace Not Known

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 0
23. Signature C.R. Terrell (M. D. or other) _____
Address Mountain View, Mo. Date signed 7-22-47

16. (a) Informant Bertha L. Ross
(b) Address Mountain View, Mo
17. (a) Burial (b) Date thereof July 16th
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mountain View, Mo
18. (a) Signature of funeral director John J. Duman
(b) Address Mountain View, Mo
19. (a) 7-28-47 (b) Laura Mitchell
(Date received local registrar) (Registrar's signature) 126

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

Joe B. Dunham

Licensed Embalmer No. *4325*

P. O. Address *Wynnton View, 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.