S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 17 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41205

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 266

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: 822-E-Elm
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 42 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 822-E-Elm 4
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Leon H. Ross

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. 15 1899
(Month) (Day) (Year)

8. AGE: Years 48 Months 0 Days 23 If less than one day hr. min.

9. Birthplace Versailles Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business Barbershop

FATHER
12. Name Unknown 9
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice Unknown
15. Birthplace Versailles Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Carolyn Turner
(b) Address 1006 E-Miller

17. (a) Burial (b) Date thereof 12-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Longview Cemetery

18. (a) Signature of funeral director Tanner Sevin
(b) Address 700 Jefferson

19. (a) 12-10-47 (b) R. P. Dorris MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8
year 1947 hour 6 minute 15 a M.

21. I hereby certify that I attended the deceased from Dec. 7-47, 19 , to Dec. 8-, 1947
that I last saw him alive on Dec. 7-, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	14 hours
Due to	
Due to	
Other conditions Pulmonary Congestion (Include pregnancy within 3 months of death)	14 hours

Major findings:
Of operations no
Of autopsy no

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) no
(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

23. Signature R. G. Richardson (M. D. or other)
Address Jefferson City Mo Date signed 12-10-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-16-47

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 Donald P. Freeman, Registered Apprentice No. 481, working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3641

P. O. Address Juno

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.