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M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

724

State File No.

FILED JAN 23 1948

Registration District No. 776

Primary Registration District No. 3020

Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 717 S. Jefferson St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None. (Specify whether)
In this community 37 yrs.
years, months or days

3. (a) PRINT FULL NAME George Vincent Ross.

3. (b) If veteran, name war X
3. (c) Social Security No. 490-20-2944

4. Sex Male (c) 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hilda E. Ross.
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased August 8th, 1910
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>5</u>	<u>14</u>	<u>hr. min.</u>

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

10. Usual occupation Electrician.

11. Industry or business X

MOTHER, FATHER {
12. Name A. P. Ross.
13. Birthplace Labadie, Missouri.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Glosemeyer.
15. Birthplace Dutzow, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hilda E. Ross
(b) Address 717 S. Jefferson St. Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24, 1948.
(Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Wielburg + Witt, Inc.
(b) Address Washington, Mo.

19. (a) JAN 23 1948 (Date received local registrar)
(b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36
(c) City or town Washington 1
(If outside city or town limits, write "RURAL")
(d) Street No. 717 S. Jefferson St. 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22nd.
year 1948 hour 1:00 minute 25 A. M.

21. I hereby certify that I attended the deceased from Jan 22, 1948, to Jan 22, 1948,
that I last saw him alive on Jan 22, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial infarct
Duration 1/2 hour

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9375
Of autopsy

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? X

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

23. Signature Frank J. Mays (M. D. or other) M.D.
Address 311 W. 4th, Washington, Mo. Date signed 1-23-48

APR 22 1948

Date Filed 1-27-48
District File No.
District Board Order No. 9

FEB 6 1948

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.....

Jerome G. Sushyda
working under my personal supervision.

Registered Apprentice No. *441*

Signed *Lester A. Vitt*

Licensed Embalmer No. *3254*

P. O. Address *Washington, 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.