. S. No. 2
M—9-4-41
. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1948

Registration District No. 340

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3075

State File No. 11224

Registrar's No. 8

1. PLACE OF DEATH:

(a) County: Stoddard

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Stoddard

(c) City or town: Dexter, Rural (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: Pliny Edward Ross

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Male

5. Color or race: white

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

6. (b) Name of husband or wife: Minerva Ross

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: Sept. (Month) 9 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
77	5	16	hr. min.

9. Birthplace: Trigg Co., Ky. (City, town, or county) (State or foreign country)

10. Usual occupation: farmer

11. Industry or business

FATHER

12. Name: Thos. J. Ross

13. Birthplace: Trigg Co., Ky. (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Francis Hancock

15. Birthplace: Trigg Co., Ky. (City, town, or county) (State or foreign country)

16. (a) Informant: Minerva Ross

(b) Address: Dexter, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 28-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Old Bethel Cemetery

18. (a) Signature of funeral director

(b) Address: Dexter, Missouri

19. (a) 3-8-48 (Date received local registrar) (b) Lottie Jeffries (Registrar's signature) 357

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25th year 1948 hour minute M.

21. I hereby certify that I attended the deceased from 2/10, 1948, to 2-25, 1948, that I last saw alive on 2/10-, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Asthma

Due to: Influenza 1930

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: 12

Of autopsy

Duration

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: 0

23. Signature: G. S. Dazey (M. D. or other)

Address: Deputy Mo. Date signed: 2/27/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 348-360
Date Filed 3-15-48

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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.