

No. 2  
4-13-40  
5-17-39  
I X23159

FILED MAY 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **13429**  
**1410**  
Registrar's No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH: **Jackson**  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution: **4438 Genessee**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **60 years**  
In this community **60 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Lucy Ross**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Theodore Ross**  
6. (c) Age of husband or wife if alive **--- years**  
7. Birth date of deceased **December 20, 1867**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **2** Days **18**  
If less than one day hr. min.

9. Birthplace **Berlin Germany**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **John Maslonkey**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Ribal**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Theresa Rose**  
(b) Address **#438 Genessee**

17. (a) **Burial** (b) Date thereof **4/11/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **St. Mary's Cem.**

18. (a) Signature of funeral director **Spivey & Tobin Co.**  
(b) Address **K.S. Ma**

19. (a) **Apr 9 1941** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **48**  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4438 Genessee**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **April** day **8**  
year **1941** hour **10** minute **50** M.  
21. I hereby certify that I attended the deceased from **1927**  
to **4/8/41**, 19\_\_\_\_;  
that I last saw h. alive on **Dec. 1940**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thromboses**  
**Myocardial infarction**  
**Irregularly irregular fibrillation**  
Due to **12/10**  
Due to **12/10**  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **no**  
Of operations **no**  
Of autopsy **no**  
Duration **8 hrs.**  
Underline the cause to which death should be charged statistically. **1927**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **no**  
(b) Date of occurrence **no**  
(c) Where did injury occur? **no**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **no**

While at work? **no** (Specify type of place) (c) Nature of injury **0**  
23. Signature **Spivey & Tobin Co.** (M. D. or other)  
Address **1103 Broadway** Date signed **4/9/41**

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

**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.....

*Harold Perry*

Licensed Embalmer No. *4097*

P. O. Address *20 W. Lincoln*

**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.**