

20711

FILLED JUL 1/2 1941

Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **K.C., Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Central Hosp #2**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **20 yrs** day
(Specify whether years, months or days)

In this community **20 yrs**

3. (a) PRINT FULL NAME **JESSIE ROSS**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **Don't know**

4. Sex **Female**

5. Color or race **negro**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Anna Ross**

6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **Aug 8 1879**
(Month) (Day) (Year)

8. AGE: Years **61** Months **04** Days **9** 25
If less than one day hr. min.

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

10. Usual occupation **Common Laborer**

11. Industry or business _____

12. Name **Don't know**

13. Birthplace **Don't know** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Don't know**

15. Birthplace **Don't know** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Ross** **Widow**

(b) Address **3207 Gardner**

17. (a) **Bureau** (b) Date thereof **6-11-41**
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation **13th Ridge Lawn K.C., Mo**

18. (a) Signature of funeral director **Tyler & Greenstreet**

(b) Address **1819 E. 15th K.C., Mo**

19. (a) **6/11/1941** (b) **M. M. Crow**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**

(c) City or town **K.C. Mo**
(If outside city or town limits, write "RURAL")

(d) Street No. **3207 Gardner**
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **3** 41
year _____ hour _____ minute **45** M.

21. I hereby certify that I attended the deceased from **11-45** to _____, 19____;

that I last saw _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Total leucocytes into stomach
Acute leukemia **74%**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **74%**
Of operations _____

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? _____

While at work? _____
(Specify type of place) (Specify type of work)

23. Signature **M. M. Crow** (M. D. or other) **3**

Address **K.C., Mo.** Date signed _____

STATE HEALTH DEPARTMENT
REGISTERED APPRENTICE NO. 100
LICENSED EMBALMER NO. 3836
P. O. ADDRESS 1819 E 15TH ST

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

Emil J. Evans

Licensed Embalmer No.

3836

P. O. Address

1819 E 15TH ST

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.