

36389

FILED NOV 19 1942
Registration District No. **149**

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 **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital No. 2
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **10-28-42-10-30-42**
In this community **13** years, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2737 Vine**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME

HELEN L. ROSS

3. (b) If veteran,

name war **none**

3. (c) Social Security

No **none**

4. Sex **Female** 5. Color of race **Negro**

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **23** years

7. Birth date of deceased **March 23 1929**
(Month) (Day) (Year)

8. AGE: Years **13** Months **7** Days **7** If less than one day hr. min.

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

10. Usual occupation **Student**

11. Industry or business

MOTHER FATHER {
12. Name **John Ross**
13. Birthplace **Jefferson Texas**
(City, town, or county) (State or foreign country)
14. Maiden name **Helen Etheridge**
15. Birthplace **Oklahoma**
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**
(b) Address **General Hospital No. 2**

17. (a) ~~burial~~ **Removal** (Burial, cremation, or removal) (b) Date thereof **11/4/42**
(Month) (Day) (Year)
(c) Place: burial or cremation **Westlawn Cem. K.C.M.**

18. (a) Signature of funeral director **Watkins Bros**
(b) Address **1739 Indiana Ave**

19. (a) **11-4-42** (Date received local registrar) (b) **M. M. Crowe** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **30**
year **1942** hour **8** minute **27** a. m.

21. I hereby certify that I attended the deceased from **October 28 1942** to **October 30 1942**
er **October 30 1942**
that I last saw h. alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death **Asphixiation** Duration

Due to **Peritonsillar abscess (bilateral)**

Due to **11527**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Tracheotomy**

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) Means of injury _____

23. Signature **G. O. Turner** (M. D. or other) Address **Chm. Bldg. #2-6006 22** Date signed **11-2-42**

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 *Isaac J. Manlove*.....

Licensed Embalmer No. *3994*.....

P. O. Address *2503 Highland*.....

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.