

FILED MAR 27 1946

Registration District No. 149

Primary Registration District No. 1002

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:  
2207 E. 8th St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution...  
In this community... 79 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Laura Ross Pigeon

3. (b) If veteran, name war... No 3. (c) Social Security No. No

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive... years

7. Birth date of deceased July 19, 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 7 22 hr. min.

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

10. Usual occupation At home

11. Industry or business

12. Name David Ross

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Bailey

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Zola Duvall

(b) Address 2207 E. 8th St.

17. (a) Burial (b) Date thereof 3/14/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Watkins Bros. Undert.

(b) Address 1729 Linden

19. (a) 3-12-46 (b) Beraldine Holmes  
(Date received local registrar) (Registrar's signature)

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. 2207 E. 8th St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day March  
year 1946 hour 7 minute 10 P.

21. I hereby certify that I attended the deceased from March 2, 1946, to March 11, 1946;  
that I last saw h. alive on March 10, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 9 days

Due to

Due to

Other conditions Coronary sclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations 108

Of autopsy

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) (c) Means of injury

23. Signature Wm H Dyer (M. D. or Other)

Address 1968 2nd St. Kansas City, Mo Date signed 3/12/46

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

MOTHER FATHER

*Dr. Ligon*

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**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 *Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highlan*

**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.**