

FILED NOV 24 1947 / 49
Registration District No.

Primary Registration District No. 1002

Registrar's No.

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:
Davis Home 512 Woodland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months
(Specify whether
In this community 20 yr 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 512 Woodland
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Wilber W. Ross

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W. F.

6. (b) Name of husband or wife Matilda Ross 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased Nov 4 - 1859
(Month) (Day) (Year)

8. AGE: Years 88 Months 0 Days 5 If less than one day hr. min.

9. Birthplace Alberta 2 Canada
(City, town or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER {
12. Name Wilber W. Ross
13. Birthplace Canada (City, town or county) (State or foreign country)
14. Maiden name Anna
15. Birthplace Canada (City, town, or county) (State or foreign country)

16. (a) Informant Blanche Coffman

(b) Address 4147 Prospect, K.C. Mo

17. (a) Burial (b) Date thereof 11-11-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leo's Burial Home

18. (a) Signature of funeral director Leo's Burial Home
(b) Address 703 Orange St

19. (a) 11-9-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 9
year 1947 hour 11 minute 26.9 M.

21. I hereby certify that I attended the deceased from 11-1-47
to 11-8-47
that I last saw him alive on 11-8-47
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to

Due to

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

Major findings:
Of operations 97

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place) (e) Means of injury 0

23. Signature C. B. Pictor, D. O. (M. D. or other)
Address 164 Prospect Date signed 11-9-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 W. B. Langefeld
Licensed Embalmer No. 3833
P. O. Address Leis Summit

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.