

FILED MAY 7 1948 /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:
128 WESTOVER RD.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO
(Specify whether)

In this community 53 YRS.
years, months or days

3. (a) PRINT FULL NAME JOHN HENRY 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. MARRIED

6. (b) Name of husband or wife ESTELLE ROSS 6. (c) Age of husband or wife if alive 61 YRS. years

7. Birth date of deceased SEPT. 16 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>7</u>	<u>6</u>hr.min.

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

10. Usual occupation PLUMBING SUPPLY

11. Industry or business

12. Name EDGAR ROSS

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

14. Maiden name KATHERINE PATTERSON

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

16. (a) Informant MRS. JOHN ROSS

(b) Address 128 WESTOVER RD.

17. (a) Burial (b) Date thereof 4-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEM.

18. (a) Signature of funeral director STINE & MCCLURE

(b) Address KANSAS CITY, MO.

19. (a) 4-22-48 (b) Doraldine Holman
(Date received local registrar) (Registrar's signature)

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. 128 WESTOVER RD.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 22
year 1948 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1939 to APR. 22 1948
that I last saw him alive on APR. 22 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes

Due to Diabetes

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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) Means of injury

23. Signature Marvin B. Kehon (M. D. or other) M.D.
Address Kansas City, Mo. Date signed 4-22-48

Duration
6 yrs
10 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Fun. 12/20/10
Prof. 11/00/1100

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..... Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address..... NC Mo

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.