

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11860**

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

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>5289</u>		Registrar's No. <u>48</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u> <u>Gallatin Twp.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> <u>24</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Coomber Terrace</u>		c. LENGTH OF STAY (In this place) <u>21 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Coomber Terrace</u>		d. STREET ADDRESS (If rural, give location) <u>3529 Harris, N.K.C.Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>3529 Harris, N.K.C.Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>3529 Harris, N.K.C.Mo.</u>			
3. NAME OF DECEASED (Type or Print) <u>Mary</u>		a. (First) <u>Mary</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Ross</u>	
4. DATE OF DEATH <u>4-19-1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>6-8-1883</u>		9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>11</u>		IF UNDER 2 HRS. Hours <u>x</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Marion Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George W. Bower</u>		13b. MOTHER'S MAIDEN NAME <u>Susie Hunsecker</u>		14. NAME OF HUSBAND OR WIFE <u>Theodore A. Ross</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Theodore A. Ross, N.K.C.Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute heart failure</u> ANTECEDENT CAUSES <u>Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>47</u> , to <u>April</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4/19</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (In green or blue ink) <u>Milton Long</u>				23b. ADDRESS <u>St. Louis City Mo.</u>		23c. DATE SIGNED <u>4-22-49</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-22-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Sope</u>		24d. LOCATION (City, town, or county) (State) <u>Clay County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-22-49</u>		REGISTRAR'S SIGNATURE <u>Beulah Kitchener</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Morton-Smith's F.H. N.K.C.Mo.</u>			

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-30-49

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Theron O Smith

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3928

P. O. Address North Kansas City

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.