

FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20633

State File No. _____

Registrar's No. 258

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence Blue</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u> <u>0480</u>	
c. LENGTH OF STAY (in this place) <u>4 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1404 Arlington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 1404 Arlington</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>Robert</u> c. (Last) <u>Ross</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 26, 1950</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 2, 1906</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 2 HRS. Days <u>0</u>	Hours <u>0</u>	Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attendant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto service station</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>George Ross</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Pettyjohn</u>	14. NAME OF HUSBAND OR WIFE <u>Maybelle Ross</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>495-09-3395</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Maybelle Ross, Independence, Mo.</u>	ADDRESS <u>Independence, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>E976X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Death from Bullet wound of head</u>		
	ANTECEDENT CAUSES 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1404 Arlington</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Independence Jackson Mo</u>
21d. TIME OF INJURY <u>6-26-50 5:30 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Shot</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:30P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Geo. E. Franklin, M.D., Deput. Commr.</u>	(Degree or title)	23b. ADDRESS <u>3447 Brookport St. Ind.</u>	23c. DATE SIGNED <u>6-26-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 29, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
DATE REC'D BY LOCAL REG. <u>June 27, 1950</u>	REGISTRAR'S SIGNATURE <u>James A. Kelly</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. Carson</u>	ADDRESS <u>Independence, Mo.</u>

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

JUL 7 RECD

MAR 29 1964

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.

Student
Student Embalmer

Signed Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address Indep. 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.