

FILE MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4895

State File No.

614

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2		d. STREET ADDRESS (If rural, give location) 820 Euclid Avenue	

3178

3. NAME OF DECEASED (Type or Print) a. (First) BEN b. (Middle) ROSS c. (Last) ROSS			4. DATE OF DEATH (Month) (Day) (Year) JANUARY 25 1951		
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH SEPTEMBER 7 1886		9. AGE (In years last birthday) 64		10. IF UNDER 1 YEAR Months Days 11. IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JANITOR			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign of naty) MEMPHIS, TENNESSEE			12. CITIZEN OF WHAT COUNTRY? U. S.		

13a. FATHER'S NAME SHEPHERD ROSS		13b. MOTHER'S MAIDEN NAME AMANDA ROSS		14. NAME OF HUSBAND OR WIFE MARIE ROSS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ALICE PRICE 2606 Wabash Avenue	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY CONGESTION & EDEMA ANTECEDENT CAUSES UREMIA (CLINICAL) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARDIAC FAILURE DUE TO (c) ARTERIOSCLEROTIC & HYPERTENSIVE HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH 42-60	
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) (Min.)		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 1-16, 1951, to 1-25, 1951; that I last saw the deceased alive on 1-25, 1951, and that death occurred at 4:40 PM, from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR <i>Frank Ellis</i>		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 1-29-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/12/51		24c. NAME OF CEMETERY OR CREMATORY St. Louis University St. Louis	
24d. LOCATION (City, town, or county) MO		DATE REC'D BY LOCAL REG. 2-9-51		REGISTRAR'S SIGNATURE <i>St. Louis University St. Louis</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>AB Moore</i>		ADDRESS 1820 E 14th			

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

AB Moore

Signed.....

Student Embalmer

Licensed Embalmer No. 2410

P. O. Address 1820 E 18 St

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.