DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9861

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 1295

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: 3018 E 6th (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ____

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 3018 E 6th (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Mrs Mary Ellen Ross 200 Mary Ellen Ross

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased 11 (Month) 19 (Day) 1850 (Year)

8. AGE: Years 89 Months 4 Days 4 If less than one day ____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business ____

FATHER
12. Name Jacob Cilley
13. Birthplace Lima (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Mary Ann Seaman
15. Birthplace Hartland Corner (City, town, or county) New York (State or foreign country)

16. (a) Informant's own signature Mrs James A. Flach

(b) Address 3018 E 6th Street K C Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 26 (Day) 40 (Year)

(c) Place: burial or cremation Petersburg Michigan

18. (a) Signature of funeral director H H Daniels

(b) Address 1536 Minnesota

19. (a) Mch 24, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 23 year 1940 hour 7 minute 15 P M.

21. I hereby certify that I attended the deceased from Feb. 2, 1940, to Mar 23, 1940 that I last saw her alive on Mar 23, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary edema	24 hrs
Due to Arteriosclerosis and myocardial failure	
Due to 93	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ____ Of autopsy ____	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature D F Hogan MD (M. D. or other)

Address 415 Argyle Bldg Date signed Mar 23-40

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-5-17-39 Rev. 5-17-39 1 X19511

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 Harry E. Jolley, Registered Apprentice No. _____, working under my personal supervision.

Signed Harry E. Jolley

Licensed Embalmer No. 4078

P. O. Address Kan. City Kansas

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, above space should be left blank.