. No. 2
—1-4-41
5-17-39
P1 X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13335

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1316

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: General Hospital #2 (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 3-8-41-3-17-41 (Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 1724 Highland Ave. (If rural, give location) 8

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

If yes, name country 0

3. (a) PRINT FULL NAME Alberta Ross

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 3

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) Unk (Day) 1893 (Year)

8. AGE: Years 48 Months 2 Days If less than one day hr. min.

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

10. Usual occupation Unknown

11. Industry or business

FATHER
12. Name ~~Unknown~~ Louis Ward
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery KC Mo

18. (a) Signature of funeral director Flynn & Greenstreet

(b) Address 1819 E. 15th KC Mo

19. (a) Apr 3, 1941 (Date received local registrar) (b) M. N. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 17 year 41 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from 3-8- 1941 to 3-17- 1941; that I last saw her alive on 3-17- 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	
Due to: Essential Hypertension	
Due to: 83 B	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83 B	
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 0

23. Signature R. C. Turner (M. D. or other)

Address Gen. Hosp. #2 Date signed 3-25-41

(Licensed Embalmer's Statement on Reverse Side)

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 Edw G Evans

Licensed Embalmer No. 3836

P. O. Address 1819 E 15th St K C 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.