

FILED MAR 16 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 944

1. PLACE OF DEATH: Jackson
 (a) County Kansas City
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Wheatley Provident Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 months
 In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: --
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. Paseo Y. M. C. A. 1824 Paseo
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Edward Ross
 3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced, Single
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive, years
 7. Birth date of deceased January 10, 1863
 (Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 23 If less than one day hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown
 13. Birthplace Unknown
 (City, town or county) (State or foreign country)
 14. Maiden name.....
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant John E. Dorsey
 (b) Address 925 Washington Blvd. K. C., Mo.

17. (a) burial (b) Date thereof 3/6/42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Stathins Bros.
 (b) Address 1729 Lydia

19. (a) 3-6-42 (b) M. M. Browne
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd
 year 1942 hour 2 minute 30 P.M.
 21. I hereby certify that I attended the deceased from August 7
1941 to March 2, 1942
 that I last saw him alive on March 2, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration
 Due to Regeneration of Kidney
 Due to Infirmities of Old Age

Other conditions (Include pregnancy within 3 months of death) 131 B

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?

While at work? (Specify type of place) (e) Means of injury 0
 23. Signature Fitzroy E. Younger (M. D. or other)
 Address 2204 E. 18th St. Kansas City, Mo. Date signed Mar. 5, 1942

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Isaac J. Manlove

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.