

BUREAU OF THE CENSUS
FILED MAY 21 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1911

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 No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3-20-42-5-12-42
(Specify whether years, months or days)

In this community 32 years

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. 1515 Woodland
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELLA ELLIOTT ROSS

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Thos. Ross 6. (c) Age of husband or wife if alive 16 years (Month) (Day) (Year)

7. Birth date of deceased May 16 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>02</u>	<u>11</u>	<u>26</u>
				hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

MOTHER FATHER

12. Name Henry Rodgers

13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Mollie Reece

15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial Removal (b) Date thereof 5/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Cavalry K.C.

18. (a) Signature of funeral director Hathens Bros.

(b) Address 1729 Lydia

19. (a) 5-15-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1942 hour 2 minute 35 p.m.

21. I hereby certify that I attended the deceased from March 20 1942 to May 12 1942
that I last saw her alive on May 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis

Due to Carcinoma of cervix and uterus
(squamous cell in type)

Other conditions 48a
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

23. Signature J. C. Brown (M.D. or other)

Address Gen. Hospital 2-600622 Date signed 5-14-42

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

James M. Penrose

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.