S. No. 2
9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Nr. 11 920427

State File No.

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2361

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: K.C.T.B HOSPITAL (If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 8 Mo 19 days (Specify whether
In this community 19 years 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") 4Y
(d) Street No. 1427 GARFIELD (If rural, give location) 3
(e) Citizen of foreign country? (Yes or No) 8
If yes, name country 0

3. (a) PRINT FULL NAME Edward Ross
3. (b) If veteran, name war no
3. (c) Social Security No. 492-18-8335
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced M 0
6. (b) Name of husband or wife Seretta Mabel Ross
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased APRIL (Month) 8 (Day) 1910 (Year)

8. AGE:	Years	Months	Days	If less than one day
	32	2	5	hr. min.

9. Birthplace MUSKOGEE (City, town, or county) OKLAHOMA (State or foreign country) 1
10. Usual occupation LAUNDRY
11. Industry or business
FATHER
12. Name ANGELO KEMP 9
13. Birthplace ? (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name AMERICA THOMPSON
15. Birthplace TEXAS (City, town, or county) (State or foreign country) 1
16. (a) Informant K.C.T.B HOSPITAL
(b) Address LEEds, MISSOURI
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-42 (Month) (Day) (Year)
(c) Place: burial or cremation Highland
18. (a) Signature of funeral director E. Sterling Bell
(b) Address 1212 Erie, K.C. Mo
19. (a) 6-18-42 (Date received local registrar) (b) M. M. Orowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th year 1942 hour 1 minute 30 A M.
21. I hereby certify that I attended the deceased from October, 24th, 1941 to June 13, 1942 that I last saw him alive on June 13, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Extensive Pulmonary Tuberculosis

Due to 13B1

Due to

Other conditions (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? (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 [signature] (M. D. or other)
Address K.C.T.B. Hospital Date signed

361 (Licensed Embalmer's Statement on Reverse Side) K.C. Mo.

492-18-8335

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 E. Sterling Bell

Licensed Embalmer No. 3178

P. O. Address 1212 Main K.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.