

FILED APR 8 1943
1943
799
Registration District No.

Primary Registration District No. 1002

Registrar's No.

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)
(d) Length of stay: In hospital or institution 3-3-43-3-27-43
(Specify whether
In this community 40 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")
(d) Street No. 1001 Brooklyn
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME DORSEY ROSS

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Single
(b) Name of husband or wife Single 6. (b) Age of husband or wife if alive years
7. Birth date of deceased 1857
(Month) (Day) (Year)

8. AGE: Years 85 Months Days If less than one day
app. hr. min.

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

10. Usual occupation none

11. Industry or business

MOTHER FATHER
12. Name Elsworth Ross
13. Birthplace Texas
(City, town, or county) (State or foreign country)
14. Maiden name Mary Anthony
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 3-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director W. H. Appleton
(b) Address St. Louis, Mo.

19. (a) 3-30-43 (b) W. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1943 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from March 3 1943 to March 27 1943
that I last saw him alive on March 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia
(Terminal) Duration

Due to Arteriosclerotic psychosis and heart disease

Due to 925

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (c) Means of injury _____

23. Signature W. H. Appleton (M. D. or other) _____
Address Gen. Hosp. #2-602 Date signed 3-30-43

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

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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.....

C. H. Frost

Licensed Embalmer No. *2710*

P. O. Address *H. C. 710*

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.