. S. No. 2
OM—5-42
ev. 5-17-39
FILED MAY 3 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13391

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 1583

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

1. PLACE OF DEATH:

(a) County: Jackson
(b) City or town: Kan City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 27th Pasco / Troost Lake (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community years, months or days) 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson
(c) City or town: Kan City Mo (If outside city or town limits, write "RURAL")
(d) Street No.: 2410 Benton (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Ronald Dean Ross

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

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Child
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years

7. Birth date of deceased: Jan 16, 1936 (Month) (Day) (Year)

8. AGE: Years 7 | Months 2 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace: Kansas (City, town, or county) (State or foreign country)
10. Usual occupation: at Home
11. Industry or business:

FATHER
12. Name: Leonard M. Ross
13. Birthplace: Kansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Bessie Campbell
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Leonard M Ross
(b) Address: 2410 Benton
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 4/4/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Horton Kan
18. (a) Signature of funeral director: Snow-Mayberry
(b) Address: Linwood at Olive
19. (a) 4-2-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 1 year 43 hour 12:35 minute P M.

21. I hereby certify that I attended the deceased from Crowe, 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Death by drowning (accidental)

Due to: 183/3

Due to: 3/6

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Inspection & history

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): Accident
(b) Date of occurrence: 4/1/43
(c) Where did injury occur? Troost Lake (City or town) Kansas (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Lake (Specify type of place) Fill—Lake
While at work? W (e) Means of injury: .....

23. Signature: [signature] (M.D. or other) 4/2/43
Address: Kansas Date signed

(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.....Ray E. Snow.....

Licensed Embalmer No....2560.....

P. O. Address....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.