

0-2
1-43
7-39
K37823

Registration District No. JULY 25 1944 Primary Registration District No. 1002

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: 1310 E 41ST STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 20 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. 1310 E 41ST STREET
(If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country GERMANY

3. (a) PRINT FULL NAME MRS MARY ROSS
(b) If veteran, name war NO
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JULY day 6TH
year 1944 hour 5 minute 30 A. M.
21. I hereby certify that I attended the deceased from APR 2
1944 to JULY 6 1944
that I last saw her alive on JULY 6 1944
and that death occurred on the date and hour stated above

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
(b) Name of husband or wife UNKNOWN ROSS (c) Age of husband or wife if alive 28 years
7. Birth date of deceased MARCH 28 1865
(Month) (Day) (Year)

Immediate cause of death Hypertensive heart disease Duration
Due to -
Due to -

8. AGE: Years 79 Months 3 Days 8
If less than one day - hr. - min.

Other conditions (Include pregnancy within 3 months of death) -
Major findings: Of operations -
Of autopsy no

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

10. Usual occupation AT HOME

11. Industry or business -
12. Name UNKNOWN
13. Birthplace UNKNOWN GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN GERMANY
(City, town, or county) (State or foreign country)

PHYSICIAN -
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Theodore L. Mueller
(b) Address 1310 E 41st

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? -

17. (a) BURIAL (b) Date thereof 7-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation BAPTIST CEMETERY HIGGINSVILLE, MISSOURI

18. (a) Signature of funeral director W. Newcomer Lane
(b) Address 1401 BRUSH CREEK BLVD.

While at work? - (Specify type of place) (e) Means of injury -

19. (a) 7-6-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature Frank Watson (M. D. or other) -
Address 1808 Harvard Bld. Date signed July 6-44

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

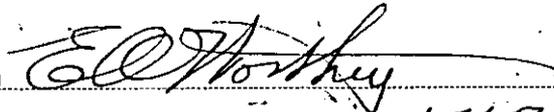
48
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STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 1767

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.