

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 24 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 4076

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution:
805 Beacon
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 7 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Velma Etta Ross
(b) If veteran, name war _____ (c) Social Security No. None

4. Sex F | 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clarence O. Ross
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Dec. 10, 1892
(Month) (Day) (Year)

8. AGE: Years 51 Months 10 Days 0
If less than one day _____ hr. _____ min.

9. Birthplace St Joe Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER { 12. Name Chas. A. Torrence
13. Birthplace Henry County Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Susie D. Coger
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence O. Ross
(b) Address 805 Beacon, K.C. Mo.

17. (a) Cremation (b) Date thereof Oct. 11, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elnwood Cemetery

18. (a) Signature of funeral director John P. Sheil
(b) Address K.C. Mo.

19. (a) 10-10-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 805 Beacon
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10
year 1944 hour 11 minute A. M.
21. I hereby certify that I attended the deceased from 1st 1944 to Oct 10 1944
and that death occurred on the date and hour stated above
that I last saw her alive on Oct 8 1944

Immediate cause of death Myocardial Degeneration Duration 7 mo

Due to Carcinoma of Liver 1 yr
Rt Breast + Cervical glands

Due to _____
Other conditions _____ (Include pregnancy within 3 months of death) 50

Major findings: Of operations _____
Of autopsy Myocardial Degeneration with Carcinoma of Breast
Underline the cause to which death could 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Chas S. Kramer (M. D. or other)
Address 500 Bryant Bldg Date signed 10/10/44
K.C. Mo

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 *John P. Sheil*
Licensed Embalmer No. *3625*
P. O. Address *H. C. M.*

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.