

FILED FEB 14 1945  
Registration District No. 1999

State File No.

Primary Registration District No. 1002

Registrar's No. 473

1. PLACE OF DEATH: Jackson

(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: 2609 Brighton  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 37 years  
(Specify whether years, months or days)

In this community: 37 years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 43

(c) City or town: Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No.: 2609 Brighton 8  
(If rural, give location)

(e) Citizen of foreign country? No 1 (Yes or No)  
If yes, name country:

3. (a) PRINT FULL NAME: Albert C. Hoss

3. (b) If veteran, name war: No

3. (c) Social Security No.: 487-10-8363

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mary E.

6. (c) Age of husband or wife if alive: 53 years

7. Birth date of deceased: April 3, 1884  
(Month) (Day) (Year)

8. AGE: Years: 60 Months: 09 Days: 29  
If less than one day: 23 hr. min.

9. Birthplace: Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation: Night Watchman  
Woolworth 5 & 10 Cent Store

11. Industry or business: Woolworth 5 & 10 Cent Store

12. Name: Carl Hoss

13. Birthplace: Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name: Emma Peterson

15. Birthplace: Sweden 4  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mary E. Hoss

(b) Address: 2609 Brighton

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof: 1/29/45  
(Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: C. H. Blackman & Son, Inc.  
Kansas City, Mo

(b) Address: Kansas City, Mo

19. (a) 1-30-45 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan; day: 26  
year: 1945 hour: 7 minute: 45 P.M.

21. I hereby certify that I attended the deceased from 1/20/45 to 1/26/45  
that I last saw him alive on 1/23/45  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the Stomach & Liver  
Duration: \_\_\_\_\_

Due to: \_\_\_\_\_  
Due to: 46 hr

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Stomach  
Metastasis to Liver.  
Of autopsy: \_\_\_\_\_  
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) (Country) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work: \_\_\_\_\_  
(Specify type of place)

Means of injury: \_\_\_\_\_

23. Signature: Edward J. Devos M. D. or other: Do  
Address: 303 S. Main St. City Date signed: 1/27/45

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

MOTHER FATHER

*J. Ed. Deans*  
*3103 Altman*

**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 *H. D. Blackman*

Licensed Embalmer No. *3639*

P. O. Address *G. 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.**