

S. No. 2
OM-5-43
v. 5-17-39
No. 1 X36671

12443

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 17 1945

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1467

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:
1332 Lydia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (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. 1332 Lydia
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Archie Houston Ross

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

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, Divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 15, 1906
(Month) (Day) (Year)

8. AGE: Years 39 Months 0 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Maintenance Man

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Aibertha

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Gladys Jordan

(b) Address 1332 Lydia

17. (a) burial (b) Date thereof 3/31/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Matkins Bros

(b) Address 1729 Lydia

19. (a) 3-31-45 (b) G. Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1945 hour 12:50 minute A. M.

21. I hereby certify that I attended the deceased from 3-21-1945 to 3-27-1945
that I last saw him alive on 3-27-1945
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Asthma

Due to Subacute Bronchitis

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations 1060a
Of autopsy no

Duration

wk

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) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
Write at work? _____ (e) Means of injury 0

23. Signature J. J. Jones (M. D. or other) _____
Address 2200 E-18 Date signed 3/29/45

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

F. J. Haugh

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

J. Jerome Malone

Licensed Embalmer No.

3994

P. O. Address

2503 Highland

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.