V. S. No. 2
OOM—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26583

Registration District No. 149 Primary Registration District No. 6002 Registrar's No. 3496

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: General Hospital 0
(If not in hospital or institution, write street number or location)

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

In this community 13 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 104 W. Pocahontas Lane 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Elmer Wm. Ross

3. (b) If veteran, name war First World War, Second " "

3. (c) Social Security No. 487-07-8966

4. Sex Male 0

5. Color or race Wh.

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

6. (b) Name of husband or wife ~~H. Jane Nevin Ross~~ Jane Nevins

(c) Age of husband or wife if alive 37 years

7. Birth date of deceased April 14, 1897 (Month) (Day) (Year)

8. AGE: Years 48 Months 4 Days 6 If less than one day ___ hr. ___ min.

9. Birthplace Rochester, N. Y. (City, town, or county) / (State or foreign country)

10. Usual occupation Accountant C.P.A.

11. Industry or business

12. Name Wm. J. Ross

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

14. Maiden name Ann Byrnes

15. Birthplace N. Y. (City, town, or county) / (State or foreign country)

16. (a) Informant ~~--Mrs. Jane Nevin Ross-~~ Mrs. Jane Nevins Ross

(b) Address 104 W. Pocahontas Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/45 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Bentley Mortuary

(b) Address 5811 Troost

19. (a) 8-20-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MOTHER FATHER

Corr. by atty. June 4, 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 20 year 1945 hour 9 50 minute A M.

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

	Duration
Immediate cause of death: Fractured Skull	
Due to: Crushed Chest	
Due to: Auto Traumatism	
Other conditions: auto hit Stone wall. (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 1700 2.0 97
Of autopsy: No post
Fracture of Sternum

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 8-18-45

(c) Where did injury occur? Kansas City Jackson Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)

While at work? no (e) Means of injury Auto

23. Signature [illegible] (M.D. or other)

Address 1424 Bryan Bldg Date signed 8-20-45

(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 Dyson L. Kepley

Licensed Embalmer No. 4225

P. O. Address Independence 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson }

State File No.
Local Registrar's No. 3496

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 15th day of May, 1946, before me appears Mrs. Jane Nevins Ross, who, upon her oath, states that the original record of ~~birth~~ death for Elmer William Ross, ~~born~~ died August 20, 1945, in the State of Missouri, and which was filed at Kansas City on 8-20, 1945, should be corrected as follows:

Item No. 6 should read Jane Nevins Ross
Instead of H. Jane Nevin Ross

Item No. should read
Instead of

Item No. 16a should read Mrs. Jane Nevins Ross
Instead of Mrs. Jane Nevin Ross

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Jane Nevins Ross - wife
Relationship.

1603 Jarbee
Present Address.

Subscribed and sworn to before me this 15th day of May, 1946

My Commission expires Oct 20, 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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