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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 1 1945

State File No. 29870

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3896

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital #2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7-26-45-8-5-45 (Specify whether In this community years, months or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 1512 Harrison 8 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME JESSE ROSS

3. (b) If veteran, name war no.

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife unknown.

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

7. Birth date of deceased 3-26-76 (Month) (Day) (Year)

8. AGE: Years 69 Months ~~5~~ 4 Days 9 If less than one day hr. min.

9. Birthplace Lawrence, Kansas 1 (City, town, or county) (State or foreign country)

10. Usual occupation Labour

11. Industry or business Common

FATHER
12. Name John Ross
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Staten
15. Birthplace unknown 4 (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address Gen. Hosp. #2

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-20-45 (Month) (Day) (Year)

(c) Place: burial or cremation Wyandotte County Home Cem K.C.K.

18. (a) Signature of funeral director Nathan W. Trateur

(b) Address 1520 N. 5th St.

19. (a) 9-20-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5 year 1945 hour 4:15 minute p.m. M.

21. I hereby certify that I attended the deceased from 7-26-45, 19..., to 8-5-45, 19...; that I last saw him alive on 8-5-45, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Decompensation	
Due to Arteriosclerotic Heart Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93	
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) (County) (State)

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

While at work? (e) Means of injury 0

23. Signature George H. Taft M.D. (M. D. or other)

Address Gen. Hosp. #2 9-21-45 Date signed

(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 Nathan W Hatten

Licensed Embalmer No. 2780

P. O. Address 1520 N. 5th St.

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.