

Registration District No. 149 Primary Registration District No. 1002

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: 3521 Kenwood
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 15 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. 703 East 9th, St.
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Clara Grace Ross

3. (b) If veteran, name war no 3. (c) Social Security No. 495-09-1718

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Lewis A. Ross 6. (c) Age of husband or wife if alive 42 years
 7. Birth date of deceased Sept. 27th, 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>4</u>	<u>0</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name George S. Brown

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

14. Maiden name Josephine Atkins

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

16. (a) Informant Lewis Ross

(b) Address 703 East 9th, St.

17. (a) Burial (b) Date thereof 1/30/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cem

18. (a) Signature of funeral director Earp Funeral Home

(b) Address 4139 East 15th, St.

19. (a) 1-29-46 (b) Geraldine Helmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 27th.
 year 1946 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from Deputy Coroner 19____ that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cerebral Edema
Acute Pulmonary Edema
 Due to Deputy Coroner

Other conditions (include pregnancy within 3 months of death) See Above

Major findings: Of operations _____ Of autopsy See Above

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) Manner of injury _____
 23. Signature A. E. Usher (M. E. Registrar)
 Address 2800 Main Day _____

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.