

FILED MAY 8 1946
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 491

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6401 Sherman St. (Home)
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 years
(Specify whether years, months or days)
 In this community 2 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ROSS BURTON TOPPING
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Narcis
 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased June 22, 1876
(Month) (Day) (Year)

8. AGE:
 Years 69 Months 10 Days 5
 If less than one day hr. min.

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

10. Usual occupation Wood-turner

11. Industry or business Western Electric Co.

MOTHER FATHER
 12. Name Unknown
 13. Birthplace "
(City, town, or county) (State or foreign country)
 14. Maiden name "
 15. Birthplace "
(City, town, or county) (State or foreign country)

16. (a) Informant Narcis Topping (Wife)
 (b) Address 6401 Sherman St., City

17. (a) BURIAL (b) Date thereof 4/30/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director John G. ...
 (b) Address 6054 Pryor Ave., City

19. (a) April 30, 1946 (b) St. Joseph
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 6401 Sherman St.
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
 year 1946 hour 12 minute 15 P.M.
 21. I hereby certify that I attended the deceased from 4 to 4
5 to 27 1946
 that I last saw him alive on April 27 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death
Natural Insufficiency
 Duration 30 days

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
 Of operations AJK
 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 _____ Means of injury _____
 23. Signature John G. ... (M. D. or other) _____
 Address 109 W. W. Mo. Date signed 4-27-46

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

11221

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.....

Licensed Embalmer No. *3986*.....

P. O. Address *St. Joseph, 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.