

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:  
4438 Genessee /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days (Specify whether  
in this community 47 years (Specify whether  
years, months or days)

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. 4438 Genessee 8  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Madeline Ross

3. (b) If veteran, name war no 3. (c) Social Security No. 486-03-0971

4. Sex Female 5. Color or race White 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 September 20 1898  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>7</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation Telephone operator

11. Industry or business Telephone Co.

12. Name Theodore Ross

13. Birthplace Washington D. C.  
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Maslonkey  
15. Birthplace Washington D. C.  
(City, town, or county) (State or foreign country)

16. (a) Informant Francis Ross  
(b) Address 4438 Genessee, Kansas City.

17. (a) Burial (b) Date thereof May 13, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Frank T. Tolson  
(b) Address 20 W. Linwood, Kansas City.

19. (a) 5-14-46 (b) Heraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1946 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1936 to 5/10/46, 1946  
that I last saw him alive on 5/10/46, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis  
Due to Coronary thrombosis  
Due to \_\_\_\_\_

Other conditions: 50  
(Include pregnancy within 3 months of death)

Major findings: Coronary thrombosis  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) Month of injury May  
23. Signature Jay H. Miller (M. D. or other) 5/11/46  
Address 1012 2nd St Date signed 5/11/46

Duration  
5 mo  
10 mo  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

7-12-15700 Sheriff's Office

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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 Manda Adair

Licensed Embalmer No. 4016

P. O. Address 2024 Linwood

**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.**