

No. 2
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-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF HEALTH
NOV 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33878**
Registrar's No. **62**

Registration District No. **1574**
Primary Registration District No. **5575**

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**

(c) Name of hospital or institution: **Parsons-Harrison Sup.**
1811 East 83d Street

(d) Length of stay: In hospital or institution **none**

In this community **24 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City "Rural"**

(d) Street No. **1811 East 83d Street**

(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **Hannah Aloysius ROSS**

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

3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white**

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

6. (b) Name of husband or wife **W. Byron Ross**

6. (c) Age of husband or wife if alive **93** years

7. Birth date of deceased **August 9 1855**

8. AGE:

Years	Months	Days	If less than one day
91	1	27	hr. min.

9. Birthplace **Wheeling West Va.**

10. Usual occupation **Housewife**

11. Industry or business **At home**

12. Name **James Gillespie**

13. Birthplace **Ireland**

14. Maiden name **Margaret Farley**

15. Birthplace **Ireland**

16. (a) Informant **Mr. Richard Ross**

(b) Address **1811 E. 83d St., K.C., Mo.**

17. (a) **Burial** (b) Date thereof **10-8-46**

(c) Place: burial or cremation **St. Mary's**

18. (a) Signature of funeral director **Mellody-McGilley-Eyler**

(b) Address **Kansas City, Missouri**

19. (a) **Oct 9 '46** (b) **Dr. Annie B. Hedges**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **6**
year **1946** hour **9** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **Jan. 24**, 19**46**, to **Oct. 6**, 19**46**
that I last saw **her** alive on **Oct. 6**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial infarction**

Due to **old age**

Due to **heart trip 10/4/46**

Other conditions **zoo**

Major findings: Of operations **zoo**

Of autopsy **zoo**

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? _____

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

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **Sept 1946** (M. D. or other) **0**

Address **805 S. 1st St** Date signed **10/7/46**

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

MOTHER FATHER

136

(Licensed Embalmer's Statement on Reverse Side)

80th + Peace
Mortuary S. Inc.

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.....

[Handwritten Signature]
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.