. S. No. 2
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v. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1946

Registration District No. 146

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37360

Primary Registration District No. 5568

Registrar's No. 371

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution Rural Routh Wing
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson 48

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

(d) Street No. 2729 Quincy Ave 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Nellie Ross

3. (b) If veteran, name war —

3. (c) Social Security Do not know

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct 5 1884
(Month) (Day) (Year)

8. AGE: Years 62 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Gossage
13. Birthplace Do not know 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Do not know
15. Birthplace Do not know 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Mitchell
(b) Address 25 Laurel Indep County Sent

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Nov 12 46
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Marys Cemetery

18. (a) Signature of funeral director Parentino Bros

(b) Address K C MO

19. (a) 11-16-46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7
year 1946 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan 2 15, 1946 to Nov 7, 1946
that I last saw her alive on Nov 6, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Insufficiency	
Due to Coronary Thrombosis	6 mos
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

92B

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

23. Signature Cada Jackson (M. D. or other)

Address 1103 Armour Date signed 11-9-46

(Licensed Embalmer's Statement on Reverse Side)

Dr Carl Jackson JAN 28 1941

OCT 15 1952

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 I. S. Walton

Licensed Embalmer No. 2744

P. O. Address K. C. 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.