

S. No. 2
OM-5-43
v. 5-17-39
I X34671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17593

State File No.

FILED JUN 9 1947
Registration District No. 149

Primary Registration District No. 1502

Registrar's No. 2326

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

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: ST MARYS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-19-47-5-24-47
(Specify whether years, months or days)

In this community 37 YEARS

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. 3771 WASHINGTON
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARGARET LANGE 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 MR. GEORGE L ROSS

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased NOVEMBER-18-1893
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 24th year 1947 hour

21. I hereby certify that I attended the deceased from Feb 1947 19

to May 24 1947

that I last saw him alive on May 24 1947 19

and that death occurred on the date and hour stated above.

Immediate cause of death Arterial thrombosis Duration 6 hrs.

8. AGE: Years Months Days If less than one day

53 6 6 hr. min.

Due to

Due to

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation HOUSEWIFE

Major findings: Of operations 83

11. Industry or business HOUSEWIFE

12. Name EDDRIAM HENRY KNOWLES

Of autopsy See above

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

14. Maiden name DORA CATHERINE SELLINGER

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

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?

16. (a) Informant Geo. L. Ross

(b) Address 3771 Wash St

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof MAY 27 1947
(Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAN CEMETERY

While at work (Specify type of place) (e) Means of injury M.D.

23. Signature Edith Holmes (M.D. or other) 5/25/47

Address 1109 Park Ridge Date signed

18. (a) Signature of funeral director W.H. Newman's Sons

(b) Address 1401 BRUSH CREEK BLYD.

19. (a) 5-27-47 (Date received local registrar)

(b) Edith Holmes (Registrar's signature)

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.....

John E. Moking, Registered Apprentice No. *504*
working under my personal supervision.

Signed *E. Oscar Morkay*

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

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.