S. No. 2
M—1/47
. 5-17-39

11

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 26 1948

Registration District No. 749

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 19647

Registrar's No. 2519

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: 4611 East 10th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State: Missouri (b) County: Jackson 3
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 4611 East 10th, St. 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Floyd M. Ross
3. (b) If veteran, name war: W. W. No. 1
3. (c) Social Security No.: 703-03-8375

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Anna Lee Ross
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: June (Month) 18 (Day) 1889 (Year)

8. AGE: Years 58 | Months 11 | Days 26 | If less than one day ... hr. ... min.

9. Birthplace: Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation: Baggage Handler
11. Industry or business: K. C. Terminal

FATHER
12. Name: James J. Ross
13. Birthplace: Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Betty Sheridan
15. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Anna Lee Ross
(b) Address: 4611 E. 10th. St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah
18. (a) Signature of funeral director: Earp & Sons
(b) Address: 4139 E. 15th. St.
19. (a) 6-15-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 14 year 1948 hour 4:00 minute 15 P.M.
21. I hereby certify that I attended the deceased from April 30, 1948 to June 14, 1948 and that I last saw him alive on June 12, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary heart disease	4/30/48
Due to: unknown	
Due to: unknown	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 9/2	
Of autopsy	

PHYSICIAN
Underline the cause of 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: Frank E. Day (M. D. or other) D.O.
Address: 4314 E. 9th st. K.C. Mo. Date signed: 6/15/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

JUN 28 1948

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 James W. Carp, Registered Apprentice No. 203, working under my personal supervision.

Signed John B. Carp

Licensed Embalmer No. 295-5

P. O. Address R. 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.