S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 25 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3745

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: 3319 Olive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3319 Olive
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME SALLIE ANN ROSS

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Ol. J. Ross (Deceased)

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

7. Birth date of deceased May (Month) 8 (Day) 1863 (Year)

8. AGE: Years 85 Months 4 Days 4 If less than one day ... hr. ... min.

9. Birthplace Morgan County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business x

FATHER
12. Name Joel Daniels
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rebecca Moore
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Stella Ross
(b) Address 3319 Olive K. C. 3 Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 14, 1948
(Month) (Day) (Year)
(c) Place: burial or cremation Versaille, sMissouri

18. (a) Signature of funeral director Kidwell Funeral Home
(b) Address Versailles, Missouri

19. (a) 9-13-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 12
year 1948 hour 6 minute 55 P M.

21. I hereby certify that I attended the deceased from 1945, 19..., to 9-12, 1948
that I last saw her alive on Sept 8, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Worn out heart and long duration of sickness

Due to Old age & possibly some colon trouble.

Due to

Other conditions
(Include pregnancy within 3 months of death)

J. G. Williamson D.O.

Major findings:
Of operations
Of autopsy 162 b

Duration

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 J. G. Williamson D.O. (M. D. or other)
Address 4325 Linwood Date signed 9/13-48

(Licensed Embalmer's Statement on Reverse Side)

J. G. Williamson
1325 Linwood
Lo 7500

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 Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address KC. 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.