

FILED DEC 11 1948

Registration District No. **149**

Primary Registration District No. **1002**

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:
3843 E. 68th. St. Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 months** (Specify whether years, months or days)

3: (a) PRINT FULL NAME **Francis Marrion Ross**

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

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

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

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

6. (b) Name of husband or wife **Mary Bell**

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

7. Birth date of deceased **January 5, 1860**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	88	10	20	hr. _____ min. _____

9. Birthplace **Van Buren Co., Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business _____

MOTHER FATHER

12. Name **Samuel Ross**

13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Locke**

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

16. (a) Informant **F. E. Ross**

(b) Address **Holden, Missouri**

17. (a) **removal** (b) Date thereof **11-28-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Centerview, Mo.**

18. (a) Signature of funeral director **E. B. Cast**

(b) Address **Holden, Mo.**

19. (a) **11-26-48** (b) *Seraldine Holmes*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town **Holden**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **25**
year **1948** hour **11** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **8-24**, 19 **48**, to **11-25**, 19 **48**
that I last saw him alive on **Nov. 24**, 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
injury to left foot	1-48
Due to gangrene left foot	8-48 to 11-25-48

Due to **patient dropped piece of stove wood on left foot**

Other conditions **left foot**
(Include pregnancy within 3 months of death)

Major findings: **10/19**

Of operations _____

Of autopsy _____

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) **accident**

(b) Date of occurrence **January 1948**

(c) Where did injury occur? **Holden, Johnson, Mo.**
(City or town) (County) (State)

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

While at work **yes** (Specify type of place) **see above**
Means of injury _____

23. Signature *B. C. Coker* **11-26-48**
Address **3850 Prosper** Date signed _____

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.....

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.