

FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 27036

3532

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|--|--|--|---|--|--------------|--|---|--|--------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1602</u> | | Registrar's No. <u>3532</u> | | | | | | | | | | | | |
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | | | | | | | | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | c. LENGTH OF STAY (in this place) <u>6 YEARS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | <u>12</u> <u>3</u> | | | | | | | | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3918 CHARLOTTE STREET</u> <u>CROSS NURSING HOME</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1312 WEST 50TH STREET TERRACE</u> | | | | | | | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ALTHEA</u> b. (Middle) <u>(NONE)</u> c. (Last) <u>ROSS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>AUG-14-1949</u> | | | | | | | | | | | | | | | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>SEPT-24-1865</u> | | 9. AGE (In years last birthday) <u>83</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ | | | | | | | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u> | | 11. BIRTHPLACE (State or foreign country) <u>WESTON, MISSOURI</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | | | | | | | | |
| 13a. FATHER'S NAME <u>BENJAMIN WATERS PERRY</u> | | 13b. MOTHER'S MAIDEN NAME <u>LOUISA HERNDON</u> | | 14. NAME OF HUSBAND OR WIFE <u>DR. JAMES H. ROSS</u> | | | | | | | | | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MRS. HARRY G. PARKER</u> <u>1312 WEST 50TH TERR</u> <u>KANSAS CITY, MO.</u> | | | | | | | | | | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <table border="1"> <tr> <td colspan="2">MEDICAL CERTIFICATION <u>Cerebral Thrombosis</u></td> <td colspan="2">INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u></td> </tr> <tr> <td colspan="2">ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) <u>Apoplegia</u> </td> <td colspan="2"><u>3 yrs</u></td> </tr> <tr> <td colspan="2">II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Apoplegia</u> </td> <td colspan="2"><u>3 yrs</u></td> </tr> </table> | | | | | | MEDICAL CERTIFICATION <u>Cerebral Thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) <u>Apoplegia</u> | | <u>3 yrs</u> | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Apoplegia</u> | | <u>3 yrs</u> | |
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| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u> | | 21f. HOW DID INJURY OCCUR? <u>None</u> | | | | | | | | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u> | | 21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>None</u> | | | | | | | | | | | | | | |
| 22. I hereby certify that I attended the deceased from <u>Aug 14, 1949</u> to <u>Aug 14, 1949</u> , that I last saw the deceased alive on <u>Aug 14, 1949</u> and that death occurred at <u>7:15 P.M.</u> , from the causes and on the date stated above. | | | | | | | | | | | | | | | | | | |
| 23a. SIGNATURE <u>J. J. Bell</u> | | | | (Degree or title) <u>MD</u> | | 23b. ADDRESS <u>209 Plaza</u> | | | | | | | | | | | | |
| 23c. DATE SIGNED <u>Aug 15-49</u> | | | | | | | | | | | | | | | | | | |
| 24a. BURIAL CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | | 24b. DATE <u>AUG-15-1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH, MISSOURI</u> | | 24d. LOCATION (City, town, or county) (State) <u>ST. JOSEPH, MISSOURI</u> | | | | | | | | | | | | |
| DATE REC'D BY LOCAL REG. <u>8-15-49</u> | | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>D.W. Newcomer</u> <u>1331 BRUSH CREEK BLVD</u> <u>KANSAS CITY, MO.</u> | | | | | | | | | | | | | | |

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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.