

# STANDARD CERTIFICATE OF DEATH

State File No. **39259**  
 Registrar's No. **5178**

FILED NOV 19 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

<b>1. PLACE OF DEATH</b> a. COUNTY <u>2445 Woodland</u> <u>2445 Woodland</u> Jackson County b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (If in place less than 24 hours) <u>43 24</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo. C.</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>2445 Woodland</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Marguerite</u> b. (Middle) _____ c. (Last) <u>Ross</u>	<b>4. DATE OF DEATH</b> (Month) <u>10</u> (Day) <u>28</u> (Year) <u>53</u>
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<b>5. SEX</b> <u>Fe</u> <u>3</u>	<b>6. COLOR OR RACE</b> <u>Col</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>never Mar</u>	<b>8. DATE OF BIRTH</b> <u>June 16, 1910</u>	<b>9. AGE</b> (In years last birthday) <u>43</u> # UNDER 1 YEAR Months _____ Days _____ # UNDER 5 HRS. Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Musician</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>never Mar</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Olathe Kans</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>US</u>
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<b>13a. FATHER'S NAME</b> <u>Whitfield Ross</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Bertha Grady</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>none</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> <u>-</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Bertha Ross</u> <u>2445 Woodland</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b>   <u>no X</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from July 10, 1949, to Oct. 26, 1953, that I last saw the deceased alive on Oct. 26, 1953, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>L. V. Miller</u> (Degree or title) <u>M.D.</u>	<b>23b. ADDRESS</b> <u>1211 Peace</u>	<b>23c. DATE SIGNED</b> <u>10/31/53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> <u>buried</u>	<b>24b. DATE</b> <u>10 31 53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Highland</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>K. C. Mo</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>10-31-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Geraldine Smith</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Olevia Watkins</u> ADDRESS <u>18 Barton</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—HAVE A PENCIL

**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 \_\_\_\_\_

*Bruce R. Martin*

Licensed Embalmer No. 1100

P. O. Address HC 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.