

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 20 1954

State File No. **12218**
1498

BIRTH NO. 342-2759-54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION. General Hospital #2		e. STREET ADDRESS (If rural, give location) 2630 Tracy	
3. NAME OF DECEASED (Type or Print) (Infant)		a. (First) Ross	b. (Middle)
5. SEX Female		6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH 1-8-54		9. AGE (In years last birthday)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY? America		13a. FATHER'S NAME Oscar Ross	
13b. MOTHER'S MAIDEN NAME Katherine Wimbush		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Katherine Ross
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immaturity		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.		7767	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>1-8-54</u> , 19 <u> </u> , to <u>1-9-54</u> , 19 <u> </u> , that I last saw the deceased alive on <u>1-9-54</u> , 19 <u> </u> , and that death occurred at <u>12:45 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE E. Frank Ellis		23b. ADDRESS 600 East 22nd Street	
23c. DATE SIGNED 1-9-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 3-23-54		24c. NAME OF CEMETERY OR CREMATORY Linds Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City, MO		25. FUNERAL DIRECTOR'S SIGNATURE Wm A. Schuyler	
25. ADDRESS K C MO		DATE REC'D BY LOCAL REG 4-3-54	
REGISTRAR'S SIGNATURE Seraldine Smith		25. ADDRESS	

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 Not Embalmed, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Wm A. Johnson

Licensed Embalmer No. 301

P. O. Address 150 N

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.