

FILED APR 15 1941

Registration District No. 37

Primary Registration District No. 1002

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2738 Spruce
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 54
 (c) City or town Lexington
(If outside city or town limits, write "RURAL")
 (d) Street No. 3
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 2 years.

3. (a) PRINT FULL NAME FRED ELLIS
 (b) If veteran, name war no
 (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 10 year 1941 hour 1 minute 0 M.
21. I hereby certify that I attended the deceased from March 7 1941, to March 10 1941; that I last saw him alive on March 10 1941 and that death occurred on the date and hour stated above.

4. Sex male **5. Color or race** white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Dalilah Ellis
6. (c) Age of husband or wife if alive 14 years (Day) (Year)
7. Birth date of deceased Oct 14 1886
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia
Due to Lobar Pneumonia
Other conditions 106
(Include pregnancy within 3 months of death)
Major findings:
 Of operations 106
 Of autopsy 106

8. AGE: Years 54 Months 4 Days 26
hr. min.
9. Birthplace Lexington, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation miner

11. Industry or business
12. Name HENERY F. Ellis
13. Birthplace LEXINGTON, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Sally Huddleston
15. Birthplace Nashville, Tenn.
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Ed. Cummings
(b) Address 2738 Spruce, K. C. MO.
17. (a) removal removal **(b) Date thereof** 3-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lexington, Mo.
18. (a) Signature of funeral director Morton Funeral Home
(b) Address North Kansas City, Mo.
19. (a) Date received local registrar Mar 11, 1941 **(b) Registrar's signature** M. M. Crowe
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (b) Date of occurrence no
 (c) Where did injury occur? no
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? no (Specify type of place)
 (a) Means of injury no
23. Signature Blair C. Carbaugh (M. D. or other)
Address 714 Bryant St. R.C. Mo. **Date signed** 4/12/41

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

Dr. Glen Carbaugh
Bryant Bldg.,
11th Grand,
K.C.Mo.

STATEMENT BY LICENSED EMBALMER

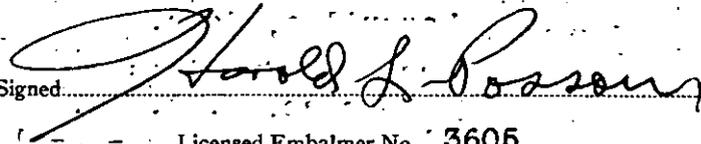
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Harold L. Posson

Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 3605

P. O. Address North K. C. 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.