No. 2
4-41
7-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 24119 2658

Registrar's No.

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: 406 No Lawndale
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 15 Years 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 406 N. Lawndale
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Hiley Jane Ellis

3. (b) If veteran, name war no

3. (c) Social Security No. No

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife David

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

7. Birth date of deceased Feb. 7, 1859
(Month) (Day) (Year)

8. AGE: Years 82 | Months 5 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace Greene County (City, town, or county) Tennessee 1 (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business

FATHER
12. Name George Coffey
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Mary Ann Walker
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Minnie Turner

(b) Address 406 N. Lawndale

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 16, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Esbon, Kansas

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address 2825 Indep. Blvd. K. C. Mo.

19. (a) July 15, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1941 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from 6/20, 1941, to 7/14, 1941;
that I last saw him alive on 7/14, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	24 Days
Due to: Arterio Sclerosis	—
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

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

While at work? (e) Means of injury

23. Signature R A Williams (M. D. or other) MD

Address 5400 St John Av Date signed 7/14/41

361 (Licensed Embalmer's Statement on Reverse Side) K.C. Mo

Dr. Williams
St. John — Hand-city

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. 2244 working under my personal supervision.

Signed B H Blackmore

Licensed Embalmer No. 2244

P. O. Address K.C. MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.