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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33894
3820

Registration District No. 399 Primary Registration District No. 1982 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: 1738 Cherry St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 6 Mos. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City 048
(If outside city or town limits, write "RURAL")
(d) Street No. 1738 Cherry St. 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GILBERT ELROY ELLINGTON
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 31 - 1941 (Month) (Day) (Year)

8. AGE: Years | Months 6 | Days 11 | If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Dave Smith
13. Birthplace Spiro (City, town, or county) Okla. (State or foreign country)
MOTHER
14. Maiden name Valarie Ellington
15. Birthplace Dont Know (City, town, or county) MO. (State or foreign country)
16. (a) Informant Dave Smith
(b) Address 1738 Cherry St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 14-41 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery
18. (a) Signature of funeral director West Appleton & Son
(b) Address K. C. Mo.
19. (a) 10/14/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 10-11-41
year hour minute 3 40 P. M.
21. I hereby certify that I attended the deceased from 3 40 P. 19 to 19
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death | Duration
Due to 1°-2°-3° burns of the face, arms, legs & chest
Due to
Other conditions (Include pregnancy within 3 months of death) 180-1
Major findings:
Of operations 35
Of autopsy Inspection

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) Accident
(b) Date of occurrence 10-11-41 123
(c) Where did injury occur? K. C. (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Burning Building (Specify type of place)
While at work? Means of injury Burns
23. Signature [illegible] (M. D. or other) 3
Address K. C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2710

P. O. Address 1905 Vine St

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

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