

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 5 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29402
State File No. _____
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3495

1. PLACE OF DEATH: Jackson
(a) County _____
(b) City or town. Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1706 Kansas /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether)
In this community over 20 years
years, months or days)

3. (a) PRINT FULL NAME Hazel Bell Scott Ellis
3. (b) If veteran, None
3. (c) Social Security None
name war. _____ No. _____

4. Sex Fe 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife. Frank Ellis 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased August 22, 1908
(Month) (Day) (Year)

8. AGE: Years 34 Months 28 Days 28 If less than one day
hr. min.

9. Birthplace Fort Scott Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Hunley
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ada Howard
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ada Hunley Wright
(b) Address Clinton, Missouri

17. (a) removal (b) Date thereof 9/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clinton, Missouri

18. (a) Signature of funeral director Mathine Bros.
(b) Address 1729 Lydia

19. (a) 9/23/42 (b) Dr. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town. Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5316 Rockhill Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 20
year 1942 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from _____
Deputy Coroner to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage
Due to
Apoplexy
Due to
Other conditions
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy yes
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 _____ Means of injury _____
23. Signature I. P. Richardson (M. D. or other) _____
Address 1832 Vine Date signed 9-21-42

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. Jerome Malone

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.