

FILED DEC 18 1942

Registration District No. _____

Primary Registration District No. 1002

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:
Marlborough Apt. Hotel, 1802 Tracy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Lifetime years, months or days)

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. Marlborough Apt. Hotel, 802 Tracy
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Ellis

3. (b) If veteran, name war World War 3. (c) Social Security No. None

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Mrs. Ruth Ellis 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased May 24 1895
(Month) (Day) (Year)

8. AGE: Years 47 Months 6 Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation Park Department (City)

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Ellis

13. Birthplace Manchester England
(City, town, or county) (State or foreign country)

14. Maiden name Mary

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Ellis

(b) Address 802 Tracy

17. (a) Burial (b) Date thereof 12-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Semetary

18. (a) Signature of funeral director J. F. O'Donnell

(b) Address 3256 Broadway

19. (a) 12-7-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 3rd year 1942 hour 10:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from December 3, 1942, to Dec 3, 1942, that I last saw h.i.m. alive on Dec 3, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetic coma
Due to Diabetes mellitus

Due to 61

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature Arvin Bantros (M. D. or other) _____

Address 416 aryle Date signed 12-5-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. Amin Boutros
Argyle Bldg.
Victor 0349

DEC 22 194

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.....

Park G. Rowe

Licensed Embalmer No.....

2347

P. O. Address.....

N. 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.