

No. 2  
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5-17-38  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13149

State File No. ....

FILED MAY 3 1948  
Registration District No. 1/49

Primary Registration District No. 1002

Registrar's No. 1566

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: 1008 Highland Ave  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 years (Specify whether years, months or days)

In this community 30 years

3. (a) PRINT FULL NAME Octavia Ellington

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female Color or race Colored

6. (a) Single, widowed, married, married

(b) Name of husband or wife Alonzo Ellington

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased June 10 1878  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>9</u>	<u>16</u>	hr. min.

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

10. Usual occupation housewife

11. Industry or business unknown

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mr. Alonzo Ellington

(b) Address 1008 Highland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-43  
(Month) (Day) (Year)

(c) Place of interment Highland B. B. Moore

18. (a) Signature of funeral director —

(b) Address 1820 E. 18th St

19. (a) 4-1-43 (Date received local registrar)

(b) M. M. Brown (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. 1008 Highland Ave  
(If rural, give location)

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

If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 26  
year 1943 hour 3:45 minute — a. m.

21. I hereby certify that I attended the deceased from Mar 26 1943 to Mar 26 1943  
that I last saw her alive on March 26 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Duration 107

Due to —

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? —

While at work — (Specify type of place)

Means of injury —

23. Signature F. P. Richardson (M. D. or other)

Address 1832 Vine Date signed 3-27-43

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

732 11 08

**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 me  
NB Moore, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed NB Moore

Licensed Embalmer No. 2410

P. O. Address 1820 East 18<sup>th</sup> St

**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.**