S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34950

LD OCT 22 1943

Registration District No. 146 | Primary Registration District No. 3026 | Registrar's No. 248

48 0 0

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Independence, Mo. Blue Tship
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Independence Sanitarium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)
In this community: 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48 0 0

(c) City or town: ~~Independence, Mo.~~ Blue Twp.
(If outside city or town limits, write "RURAL")

(d) Street No.: 1617 Hedges
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Elmer James Ellis

3. (b) If veteran, name war: No

3. (c) Social Security No.: 487-05-5208

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Oct. 5, 1879 (Month) (Day) (Year)

8. AGE: Years 63 | Months 11 | Days 21 | If less than one day: hr. min.

9. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation: Watchman

11. Industry or business: Sheffield Steel Corp.

FATHER
12. Name: Henry Ellis
13. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary E. Murray
15. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant: Leon H. Ellis
(b) Address: RFD #2 K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 29-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Cemetery, Grain Valley, Mo.

18. (a) Signature of funeral director: Shell Funeral Home
(b) Address: K.C.Mo.

19. (a) 9-28-1943 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 26 year: 1943 hour: 11 minute: 25 A M.

21. I hereby certify that I attended the deceased from September 28, 1943, to September 26, 1943 that I last saw him alive on September 26, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio-vascular renal disease	1 yr
Hypertension & failing compensation	
Due to: Urinary suppression	72 hrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 12/0
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: C. H. Allen (M. D. or other) MD
Address: Independence, Mo. Date signed: 9/29/43

1115

(Licensed Embalmer's Statement on Reverse Side)

APR 10 1956

Dr. Allen

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 John R. Shirk

Licensed Embalmer No. 3625

P. O. Address K. 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.