No. 2
12-45
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 16 1946

State File No. 30234

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 3812

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:
4000 BALES AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether
In this community 22 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 2
(If outside city or town limits, write "RURAL")

(d) Street No. 4000 BALES AVENUE 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country ----

3. (a) PRINT FULL NAME MRS WILMA RUTH FOX ELLIS

3. (b) If veteran, name war NO

3. (c) Social Security No. 500-12-4593

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MR. JACK M. ELLIS

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased MAY (Month) 22 (Day) 1924 (Year)

8. AGE: Years 22 Months 3 Days ~~13~~ 12 If less than one day ___ hr. ___ min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business ----

FATHER
12. Name TONY HARRISON FOX
13. Birthplace SLATER (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name GRACE E. SHEPARD
15. Birthplace SLATER (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Jack M. Ellis
(b) Address 4000 Bales

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT-7-1946 (Month) (Day) (Year)
(c) Place: burial or cremation GREEN LAWN CEMETERY

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 9-6-46 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 4TH year 1946 hour 3 minute 17 P.M.

21. I hereby certify that I attended the deceased from 5-13, 1943, to 9-4, 1946 that I last saw her alive on 9-4-46, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary hemorrhage Duration 48 hrs
Pulmonary Tuberculosis
onset Dec. 1938

Due to

Due to

Other conditions Rt. Empyema - Tuberculosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same - 13 b

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 D. L. Coffman (M. D. or other) MD
Address Kansas City Mo Date signed 9-4-46

(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. Melvin Miller

Licensed Embalmer No. 4407

P. O. Address Kansas City, 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.