

No. 2
-12-45
-17-39
L X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9528**

FILED MAR 21 1947

Registration District No. **22**

Primary Registration District No. **3026**

Registrar's No. **45**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Independence**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 days**
In this community **63 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Independence** **4**
(If outside city or town limits, write "RURAL")
(d) Street No. **1222 S. Pleasant**
(If rural, give location) **4**
(e) Citizen of foreign country? **no** (Yes or No) **4**
If yes, name country

3. (a) PRINT FULL NAME **MR. JERRY G. ELLIS**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **No.**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Nona Ellis** 6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **Sept. 15, 1883**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 **5** **4** hr. min.

9. Birthplace **Oak Grove, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired farmer**

11. Industry or business

12. Name **William H. Ellis**

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

14. Maiden name **Ellen Murry** (City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. Nona Ellis**

(b) Address **1222 S. Pleasant, Independence**

17. (a) **burial** (b) Date thereof **2/21/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Marys Cemetary**

18. (a) Signature of funeral director **Geo. C. Carson**

(b) Address **Independence, Mo.**

19. (a) **2-26-47** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **19th**
year **1947** hour **5th** minute **15** A.M.

21. I hereby certify that I attended the deceased from **December 16th**, 19**44**, to **Feb 19**, 19**47**, that I last saw him live on **Feb. 19**, 19**47**, and that death occurred on the date and hour stated above.

Immediate cause of death **Circulatory Failure** Duration

Due to **Coronary Atherosclerosis**
Posterior Myocardial Infarction

Due to
Other conditions **Diabetes Mellitus**
(Include pregnancy within 3 months of death)

Major findings; Of operations
Of autopsy **See above 41**
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) (b) Means of injury
23. Signature **Harold Woods, M.D.** (M. D. or other)
Address **Independence Mo** Date signed **2/19/47**

854 (Licensed Embalmer's Statement on Reverse Side)

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.....

Harlan H. Meyer....., Registered Apprentice No. *506*
working under my personal supervision.

Signed.....

Thos Carson

Licensed Embalmer No. *4199*

P. O. Address.....

Indy, Ind

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.