

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34450**  
Registrar's No. **4526**

FILED NOV 8 1947  
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
3028 Wayne  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 50 yrs  
years, months or days

3. (a) PRINT FULL NAME Edward J. Ellam

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife Jennie Ellam

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Nov 6 1877  
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Newark New Jersey  
(City, town, or county) (State or foreign country)

10. Usual occupation Palmer

11. Industry or business Chemical

MOTHER FATHER

12. Name unk

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

14. Maiden name unk

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

16. (a) Informant Mrs. Edw. J. Ellam

(b) Address 2307 Indep Ave K.C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30-1947  
(Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Fletcher

(b) Address 7657 Indep Ave

19. (a) 10-29-47 (Date received local registrar)

(b) S. Geraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 2307 Indep 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 10 day 26  
year 1947 hour 12 minute 0 M.

21. I hereby certify that I attended the deceased from Nov 19 to Nov 19  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 478

Major findings: Of operations \_\_\_\_\_

Of autopsy yn as above

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)

(c) Means of injury 3

23. Signature Fletcher (M. D. or other) Collins

Address 1929 1/2 W. 11th Date signed 10-27-47

21035

*L. Smith*

~~Francis Walton~~  
2327 9/14/44

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 *Francis Walton*

Licensed Embalmer No. *2744*

P. O. Address. *3030 Harrison*

**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.**