S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34451

FILED OCT 25 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4337

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: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 Days (Specify whether
In this community 42 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1041 West 71st. Terrace 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. ZEPHYR ELLINGER
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John L. Ellinger
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 25th. (Day) 1868 (Year)

8. AGE: Years 79 Months 8 Days 18 If less than one day hr. min.

9. Birthplace Weston (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name John McClendon
13. Birthplace Lexington (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Lucretia Belle Abbott
15. Birthplace (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mrs. H. Lewis Hess
(b) Address 1041 West 71st. Terrace
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 - 15 - 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Moriah Cemetery
18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd, St. Kansas City, Mo.
19. (a) 10-15-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13th.
year 1947 hour minute M.

21. I hereby certify that I attended the deceased from Dec. 14 1946 to Oct. 13 1947
that I last saw her alive on Oct. 13 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Right Hip — Duration Sept. 27 47

Due to

Due to Hypertension — Yrs.

Other conditions R. Cerebral Thrombosis
(Include pregnancy within 3 months of death) Oct. 10 47

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 12.3
(b) Date of occurrence 10 9-27-47
(c) Where did injury occur? K. C. Jackson mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home
(Specify type of place)
While at work? no (e) Means of injury fall

23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed Oct. 14 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 3 1948

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 Walter H. Erwin

Licensed Embalmer No. 4352

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.