

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED FEB 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1062  
Registrar's No. 374

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson  
(a) County: Jackson  
(b) City or town: Kansas City  
(c) Name of hospital or institution: St. Luke's Hospital  
(d) Length of stay: In hospital or institution since 12-28-47  
In this community: unknown

3. (a) PRINT FULL NAME: Mrs. Anne J. Ellison  
(b) If veteran, name war: no.  
(c) Social Security No.: no.

4. Sex: female  
5. Color or race: white  
6. (a) Single, widowed, married, divorced: married  
(b) Name of husband or wife: J. P. Ellison  
(c) Age of husband or wife if alive: unknown  
7. Birth date of deceased: March 27 1881

8. AGE: Years 66, Months 9, Days 28-27

9. Birthplace: Mississippi

10. Usual occupation: Housewife

11. Industry or business: X

MOTHER FATHER { 12. Name: Charles S. Jobs  
13. Birthplace: Indiana  
14. Maiden name: Alma Taylor  
15. Birthplace: Mississippi

16. (a) Informant: J. P. Ellison  
(b) Address: 618 W. 60th Ter., Kansas City, Mo.  
17. (a) burial (b) Date thereof: 1-27-48

(c) Place: burial or cremation: Forest Hill Cemetery  
Stine & McClure  
18. (a) Signature of funeral director: 3235 Gilham Plaza, K. C., Mo.

(b) Address: 1-27-48 (c) Registrar's signature: Geraldine Holmes

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri (b) County: Jackson  
(c) City or town: Kansas City  
(d) Street No.: 618 West 60th Terrace  
(e) Citizen of foreign country? No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24  
year 1948 hour 6:25 minute A.

21. I hereby certify that I attended the deceased from 10-16-47 to 10-27-47  
that I last saw her alive on 10-23-47 and that death occurred on the date and hour stated above.

Immediate cause of death: Meta-static Ca. of liver and  
Primary Ca. - sigmoid

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

Major findings: Of operations: 4/10  
Of autopsy: \_\_\_\_\_

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature: J. P. Ellison  
Address: 1132 Professional Date signed: 1-27-48

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

*Dr. J. V. Bell*

Dr. J. V. Bell

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..... *Robert H Reed*.....  
Licensed Embalmer No..... *3745*.....  
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.