

FILED FEB 7 1948

Registration District No. 189

Primary Registration District No. 1002

Registrar's No. 375

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:
6427 E. 13th
(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 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. 6427 E. 13th 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN FRANKLIN ELLSWORTH

3. (b) If veteran, name was no 3. (c) Social Security No. none

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Leora Violet
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased April 4 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 9 20 _____ hr. _____ min.

9. Birthplace LaVerne Minn.
(City, town, or county) (State or foreign country)

10. Usual occupation Sanitation Eng.

11. Industry or business Kansas City Health Dept.

12. Name Horace Greeley Ellsworth

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

14. Maiden name Grace Maggie Cooper

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

16. (a) Informant Mrs. J. F. Ellsworth

(b) Address 6427 E 13th

17. (a) Burial (b) Date thereof 1-27-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address 2825 Independence Blvd.

19. (a) 1-27-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1948 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from January 12th, 1948, to Jan 24, 1948;
that I last saw him alive on Jan 5, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate with generalized skeletal visceral metastases Duration 3 years

Due to Myocardial Disease

Due to _____

Other conditions Terminal Pneumonia
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

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 Walter Cummins (M. D. or other) 744

Address 4620 S. Dixie Ave. KC 20 Date signed 1-26-48

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

MOTHER FATHER

4/6/20 Sunday

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 O. K. McFarland

Licensed Embalmer No. 4397

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.