

S. No. 300
M-10-47
v. 5-17-39
I 3908

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

32380

State File No. _____

Registrar's No. 41

Registration District No. 74

Primary Registration District No. 5-293

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

1. PLACE OF DEATH

(a) County Clinton

(b) City or town Lower Rural
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community 34 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clinton

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

(d) Street No. R. F. D.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME IVAN M. ELLINGTON, SR.

3. (b) If veteran, name war None

3. (c) Social Security No. 489-32-2710

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23rd
year 1948 hour 5th minute A.M.

21. I hereby certify that I attended the deceased from June
1948, to Oct-23, 1948
that I last saw him alive on 10-23- 1948
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

(b) Name of husband or wife Maria Frances Ellington

(c) Age of husband or wife if alive 59 years

7. Birth date of deceased June 30 1885
(Month) (Day) (Year)

Immediate cause of death Cancer of Lung

Due to _____

Due to _____

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

8. AGE: Years 63 Months 3 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Elk City, Kansas (City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Farming

11. Industry or business Farming

12. Name George J. Ellington

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

14. Maiden name Maggie M. Allred

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

16. (a) Informant Ivan M. Ellington, Jr.

(b) Address Kansas City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 25-1948
(Month) (Day) (Year)

(c) Place: burial or cremation Alley Cemetery

18. (a) Signature of funeral director John H. Murrady

(b) Address Lower Mo. J.

19. (a) Oct 25-48 (Date received local registrar)

(b) Bernice Chaufman (Registrar's signature) 586

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) (e) Means of injury D

23. Signature J. C. Sears M.D. (M. D. or other)

Address Lower Mo. Date signed 10-24-48

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed John H. Murray
Licensed Embalmer No. 2893
P. O. Address Jewer, 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.