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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 13 1948

Registration District No. 12

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 35647

Registrar's No. 1298

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Osteopathic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 minutes (Specify whether years, months or days)
In this community: 3 weeks 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Andrew 2
(c) City or town: Amazonia 0
(If outside city or town limits, write "RURAL")
(d) Street No.: -2 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Carl Raymond Ellison
3. (b) If veteran, name war: no
3. (c) Social Security No.: None
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife: --
6. (c) Age of husband or wife if alive: -- years
7. Birth date of deceased: November (Month) 9 (Day) 1948 (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	22	hr. min.

9. Birthplace: St. Joseph, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: --
11. Industry or business: --

FATHER
12. Name: Carl H. Ellison
13. Birthplace: Amazonia, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Viola M. Sollars
15. Birthplace: St. Joseph, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Mr. Carl H. Ellison
(b) Address: Amazonia, Missouri
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 12-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Amazonia, Mo.
18. (a) Signature of funeral director: Stamey Funeral Home
(b) Address: St. Joseph, Mo.
19. (a) 12-8-48 (Date received by local registrar) (b) E. C. Jenkins (Registrar's signature) 389

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December day: 1 year: 1948 hour: 9 minute: 20 P. M.
21. I hereby certify that I attended the deceased from November 27, 1948, to December 1, 1948, that I last saw him alive on December 1, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Pneumonia	Duration: 5 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: 107

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):
(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: 2
23. Signature: Neva M. Stanley (M. D. or other) DO
Address: 801 Francis St Joseph, Mo. Date signed: Dec. 1-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 George A. Kerby, Registered Apprentice No. 264 working under my personal supervision.

Signed John Roy Stanley

Licensed Embalmer No. 2435

P. O. Address St Joseph

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.