

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8350**

FILED APR-18 1949		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1299	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 0 1949		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 630 TRUST	
d. FULL NAME OF HOSPITAL OR INSTITUTION GEN. HOSP. #2							
3. NAME OF DECEASED (Type or Print) a. (First) KING b. (Middle) Solomon c. (Last) ELLIS			4. DATE OF DEATH (Month) (Day) (Year) MAR 13 1949				
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT. 1890	
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R.R.		11. BIRTHPLACE (State or foreign country) KANSAS CITY KANS.	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME EARL ELLIS			13b. MOTHER'S MAIDEN NAME ELIZABETH CREEK		14. NAME OF HUSBAND OR WIFE VIOLA ELLIS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No		16. SOCIAL SECURITY NO. 702-16-6999		17. INFORMANT'S SIGNATURE OR NAME MOSES ELLIS ADDRESS 348 HASKELL RD			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Automobile Traumatism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) SKULL FRACTURE Autopsy report) Circulatory failure DUE TO (c) Hypertrophy of heart					INTERVAL BETWEEN ONSET AND DEATH 123
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Acute Purulent Meningitis (Non Epidemic)				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Independence + Harrison		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) KANSAS CITY JACKSON MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 27 49 12⁰⁰ AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? PEDESTRIAN & CAR			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Ruth H. Owens (Degree or title)				23b. ADDRESS 1039 Paul Blvd		23c. DATE SIGNED 4-13-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-28-49		24c. NAME OF CEMETERY OR CREMATORY WESTLAWN CEMETARY		24d. LOCATION (City, town, or county) (State) KANSAS CITY, KANS	
DATE REC'D BY LOCAL REG. 3-22-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE E. Sterling Dilly ADDRESS 1212 Vine			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.