S. No. 300
v. 10.48

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

FILED JUL 1 1950

# STANDARD CERTIFICATE OF DEATH

State File No. 20179

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2657

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 30 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital No. 1

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 804 Kensington

3198

**3. NAME OF DECEASED** (Type or Print)
a. (First): John
b. (Middle): Hermann
c. (Last): Ellerlage

**4. DATE OF DEATH** (Month): 6 (Day): 14 (Year): 50

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: Jan. 21 1887
**9. AGE** (In years last birthday): 73 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired
**10b. KIND OF BUSINESS OR INDUSTRY**: Restraurent Operator
**11. BIRTHPLACE** (State or foreign country): Germany 4
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Gerhard Ellerlage
**13b. MOTHER'S MAIDEN NAME**: No Record
**14. NAME OF HUSBAND OR WIFE**: Kate Ellerlage

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no | (If yes, give war or dates of service): no
**16. SOCIAL SECURITY NO.**: 499-07-1733-A
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs Walter Reek | ADDRESS: 129 Olive Kas. City Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

4917

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT / SUICIDE / HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* May 16, *19*50, *to* June 14, *19*50, *that I last saw the deceased alive on* June 14, *19*50, *and that death occurred at* 1:45P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** B.I. Burns (Degree or title) M.D.
**23b. ADDRESS**: 24th & Cherry
**23c. DATE SIGNED**: 6-15-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: June 17 1950
**24c. NAME OF CEMETERY OR CREMATORY**: Mt Washington Cem.
**24d. LOCATION** (City, town, or county) (State): Kansas City Mo.

**DATE REC'D BY LOCAL REG.**: 6-15-50
**REGISTRAR'S SIGNATURE**: Geraldine Holmes
**25. FUNERAL DIRECTOR'S SIGNATURE** | **ADDRESS**: Mrs C.L.Forster 918 Brooklyn K.C.Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Lyle

## 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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4316

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.