

FILED SEP 11 1956 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **26877**
Registrar's No. **3695**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3695	
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 town) Kansas City, Mo.		c. LENGTH OF STAY (In this place) 2 WKS		c. CITY OR TOWN Lexington		d. Is Residence within limits of a city or incorporated town? Year <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hosp.K.C.Mo.				* STREET ADDRESS (If rural, give location) 2115 Madison			
3. NAME OF DECEASED (Type or Print) a. (First) MR. JOHN		b. (Middle) VIRGIL		c. (Last) ELLIS		4. DATE OF DEATH (Month) (Day) (Year) Aug. 22, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 20, 1878	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Jackson Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Ellis		13b. MOTHER'S MAIDEN NAME Ellen Murry		14. NAME OF HUSBAND OR WIFE Maude Ellis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Burnley Ellis Lexington, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma 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. _____				INTERVAL BETWEEN ONSET AND DEATH Nov 1948 2001.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 11/27, 1956 , to 8/22, 1956 , that I last saw the deceased alive on 8/21, 1956 and that death occurred at 6:45 a.m. , from the causes and on the date stated above.							
22a. SIGNATURE [Signature] (Degree or title) MD				23b. ADDRESS St Joseph Hospital KCMO		23c. DATE SIGNED 8/23/56	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE Aug 24, 1956		24c. NAME OF CEMETERY OR CREMATORY Machpelah Cem		24d. LOCATION (City, town, or county) (State) Lexington, Mo.	
DATE REC'D BY LOCAL REG. 8-23-56		REGISTRAR'S SIGNATURE neva marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Temple Funeral Home Lex. Mo.			

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 21 1956

SEP 19 1956

FEB 21 1957

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....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Henry Mitchell.....
Licensed Embalmer No... 392.....

P. O. Address Indep 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.