

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 26 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

39947

1. PLACE OF DEATH

County Jackson

Registration District No. B E J

Township KAW

Primary Registration District No. J C C E

City Kansas City

(No. 2933 Garfield)

File No. _____

Registered No. 4728

St. _____ Ward _____

2. FULL NAME John Lee Ellinger

(a) Residence, No. 2933 Garfield St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Zephyr Ellinger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 16, 1865</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>2</u>	DAYS <u>16</u>
If LESS than 1 day,hrs. ormin.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Railroad</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weston, Mo.

13. NAME Morris Ellinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Margaret Whiton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Mrs. Zephyr Ellinger
2933 Garfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 12-5-33

19. UNDERTAKER (ADDRESS) Freeman Mortuary
K. C. Mo.

20. FILED 10/ 1933 M. M. Kerane Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2-33, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1929, 1929, to Dec 2, 1933. I first saw him alive on Nov 28, 1933. Death is said to have occurred on the date stated above, at 6:45 P.m.

The principal cause of death and related causes of importance were as follows:

Terminal Pneumonia
Chronic Bronchitis
40 yrs duration
Date of onset

Other contributory causes of importance:
101
Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. C. Wupperburger, M. D.
(Address) 934 Argyle Bldg.
K. C. Mo.

