

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(c) Name of hospital or institution: Seneca Hospital # 2
(d) Length of stay: In hospital or institution 27 yrs.
In this community 27 yrs.

3. (a) PRINT FULL NAME MAKINRA ELLIS 420

3. (b) If veteran, name war no 3. (c) Social Security No. Southaven

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Lafayette Ellis 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased 11 1895

8. AGE: Years 44 Months 4 Days 0 If less than one day hr. min.

9. Birthplace De Kalb Co Ala

10. Usual occupation Laundress

11. Industry or business Domestic

12. Name Israel Bruce

13. Birthplace Alabama

14. Maiden name Nancy Meadows

15. Birthplace Alabama

16. (a) Informant Lafayette Ellis

(b) Address 1206 Virginia

17. (a) Burial (b) Date thereof 3-16-40

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Wm. M. Crome

(b) Address 1819 E. 15th St. KC Mo
19. (a) 3-16-40 (b) W. M. Crome

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1206 Virginia
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1940 hour 5 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from March 8 1940 to March 11 1940

that I last saw her alive on March 11 and that death occurred on the date and hour stated above.

Immediate cause of death: Streptococcal Infection of Throat

Due to _____

Due to _____

Other conditions Sugar in Urine

Major findings: Of operations _____

Of autopsy _____

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature J. E. Ferris (M. D. or other) _____

Address 1214 Viles Date signed 3/13/40

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

MOTHER FATHER

Duration
Physician
Underline the cause to which death should be charged statistically.

Diagnosis. Positive
Sugar in urine
Dr. Perry does
not denote
diabetes by above

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Edw. G. Stevens
Licensed Embalmer No. 3836
P. O. Address 1819 E. 15th St. 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, above space should be left blank.