MAY 15 1940
2
0-39
39
21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14654

Registration District No. 197 Primary Registration District No. 5276 Registrar's No. 21

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

1. PLACE OF DEATH:
(a) County Clay Mo Wat in Fi
(b) City or town Route 8 North Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clay
(c) City or town Rural N. Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route 8
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Morion Jasper Ellington
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 7 (Day) 1851 (Year)

8. AGE: Years 89 Months 7 Days 14 If less than one day hr. min.

9. Birthplace Nodaway County Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Own farm
FATHER
12. Name R. W. Ellington
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) (State or foreign country)
16. (a) Informant R. W. Ellington
(b) Address Route 8 North Kansas City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill K. C. Kans
18. (a) Signature of funeral director Morton Funeral Home
(b) Address 832 Armour Rd N. K. C.
19. (a) 4-24-40 (Date received local registrar) (b) John L Morton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from 1930 April 24, 1940, to , 19 ; that I last saw him alive on April 22, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Nephritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. R. Hall (M. D. or other)
Address 626 Lathrop Date signed 4-24-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 5-14-40
Date Filed

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 Harold L. Posson

Licensed Embalmer No. 3605

P. O. Address North R. Om

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.