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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31705

FILED OCT 20 1941

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 246

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 101 1/2 N. Osage, Indep.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 56 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Independence 4
(If outside city or town limits, write "RURAL.")
(d) Street No. 101 1/2 N. Osage 5
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Ellsworth S. McNichols

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower 2
6. (b) Name of husband or wife Florence 6. (c) Age of husband or wife if alive XXXXXXXX years
7. Birth date of deceased: 12 (Month) 14 (Day) 1863 (Year)

8. AGE: Years 77 Months 9 Days 1 If less than one day hr. min.

9. Birthplace Mt. Olivet Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Dentist

11. Industry or business Dentistry

MOTHER FATHER { 12. Name No Record
13. Birthplace No Record 9
(City, town, or county) (State or foreign country)
14. Maiden name No Record
15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant E. S. McNichols
(b) Address 2037 East 48th St. Mo.

17. (a) Burial (b) Date thereof 9 - 18 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove
(d) Signature of funeral director Henry W. Stahl

(e) Address 815 W. Maple

19. (a) Sept 18 41 (b) F. L. Cookmo
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 15
year 1941 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from Sept 15, 1941, to Sept 15, 1941;
that I last saw him alive on Sept 15, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia terminal
Due to Progression of the
fracture of hand
Due to with multiple
small hemorrhages
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no 518
Of autopsy no

Duration
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) no
(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?

While at work? no (Specify type of place) Means of injury 0

23. Signature John Green (M. D. or other)
Address Independence Mo Date signed Sept 17 41

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Wilton L. Kesley*.....

Licensed Embalmer No. *4225*.....

P. O. Address *Independence, 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.