

S. No. 2  
M-9-4-41  
v. 5. 3-39  
I X28484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9580

State File No. ....

APR 25 1942

Registration District No. 29

Primary Registration District No. 1002

Registrar's No. 1503

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: General Hospital No. 2  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 3-14-42-4-12-42  
(If not in hospital or institution, write street number or location)

In this community 15 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. Cement City, Mo.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME COURTNEY ELLISON

3. (b) If veteran, name war no

3. (c) Social Security No. 490-09-1150

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12  
year 1942 hour 7 minute 40 a. m.

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased: January 29 1902  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 14 19 42 to April 12 19 42  
that I last saw him alive on April 12 19 42  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>2</u>	<u>13</u>	..... hr. .... min.

Immediate cause of death Aortic Aneurysm  
Pulmonary hemorrhage

Due to..... 30 D

Due to.....

9. Birthplace Yocum Texas  
(City, town, or county) (State or foreign country)

Other conditions.....  
(Include pregnancy within 3 months of death)

10. Usual occupation Cement Packer

11. Industry or business Missouri Portland Cement Co.

Physician

Major findings:  
Of operations.....

Of autopsy Same as above

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Henry Ellison

13. Birthplace Texas  
(City, town, or county) (State or foreign country)

14. Maiden name LULA ROGERS

15. Birthplace Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof April 20 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Indef. No

18. (a) Signature of funeral director Nathan Whitcher

(b) Address 1520 N. 1st

19. (a) 4/16/42 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

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?  
.....

While at work?..... (Specify type of place)  
..... (Means of injury)

23. Signature [Signature] (M. D. or other)  
Address St. Louis 2-600 E. 22 Date signed 4-13-42

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

48  
3  
8

me

361

(Licensed Embalmer's Statement on Reverse Side)

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 Nathan Whatch Registered Apprentice No. 2700 working under my personal supervision.

Signed Nathan Whatch  
Licensed Embalmer No. 2700  
P. O. Address 1520 N 5th Ave

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.