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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ED AUG 24 1943
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 186

Registration District No. 146
Primary Registration District No. 5568

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Inter City District Rural
(c) Name of hospital or institution: 1218 Willow / Blue Trip
(d) Length of stay: In hospital or institution at home

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County Jackson
(c) City or town Inter City District Blue Trip
(d) Street No. 1218 Willow
(e) Citizen of foreign country? (Yes or No) No

3. (a) PRINT FULL NAME Charles M. Ely
(b) If veteran name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 17 year 1943 hour _____ minute _____ M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married divorced Married
(b) Name of husband or wife Mary Gladys Ely
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Feb 22 1876

21. I hereby certify that I attended the deceased from June 16 1943 to July 17 1943
that I last saw her alive on July 17 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Occlusion

8. AGE: Years 67 Months 4 Days 26 If less than one day hr. min.

Due to Carcinoma of rectum several mos.
Due to 46d
Other conditions: (Include pregnancy within 5 months of death)

9. Birthplace Lincoln Co. Kentucky
10. Usual occupation Painter

Major findings: Of operations no operation
Of autopsy no autopsy
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business auto
12. Name Charles M. Ely Sr
13. Birthplace Lexington Ky
14. Maiden name Cordelia Pigg
15. Birthplace Lexington Ky

16. (a) Informant Mary Gladys Ely
(b) Address 1218 Willow

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? _____

17. (a) Burial (b) Date thereof July 20-43
(c) Place: burial or cremation Mt Wash Cemetery
18. (a) Signature of funeral director O. E. Mitchell
(b) Address 310 N. Main Independence Mo

23. Signature B. A. Allen (M. D. or other) MD
Address Independence Mo Date signed 7-19-43

19. (a) 7-19-43 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

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

Signed Henry J. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.