

FILED DEC 17 1943

Registration District No. **146**

Primary Registration District No. **5568**

Registrar's No. **284**

1. PLACE OF DEATH:
(a) County **JACKSON**
(b) City or town **RURAL "BLUE" Twp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1400 HARVARD AVE**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **36 YEARS** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **JACKSON**
(c) City or town **RURAL "BLUE TOWNSHIP"**
(If outside city or town limits, write "RURAL")
(d) Street No. **1400 HARVARD AVE**
(If rural, give location)
(e) Citizen of foreign country? **YES** (Yes or No)
If yes, name country **SCOTLAND**

3. (a) PRINT MRS. CATHERINE ELY FULL NAME

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

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **JOHN ELY** 6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased. **3 9 1869**
(Month) (Day) (Year)

8. AGE: Years **74** Months **8** Days **2** If less than one day hr. min.

9. Birthplace **INVERNESS SCOTLAND**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business **NONE**

12. Name **WILLIAM MACKENZIE**

13. Birthplace **NO RECORD SCOTLAND**
(City, town, or county) (State or foreign country)

14. Maiden name **CATHERINE ROSS**

15. Birthplace **NO RECORD SCOTLAND**
(City, town, or county) (State or foreign country)

16. (a) Informant **William W. Ely**

(b) Address **43rd. & Blue Ridge Blvd. O.C. Mo.**

17. (a) **BURIAL** (b) Date thereof **11-13-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MOULD GROVE**

18. (a) Signature of funeral director **Wm. W. Ely**

(b) Address **815 W. MAPLE AVE.**

19. (a) **11-11-43** (b) **J. J. Scurran**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **11** year **1943** hour **10** minute **30** P. M.

21. I hereby certify that I attended the deceased from **April 4 1943**, 19... to **Nov. 11 1943**
that I last saw her alive on **Nov. 11 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberc myocarditis** Duration

Due to **Ulcerative Coram? No Breas**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **X** Of autopsy **X**

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?

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

23. Signature **Chas. H. Grasse** (M.D. or other) Address **Independence, Mo.** Date signed **11/12/43**

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.