

FILED JUL 8 1944

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

2625

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Research Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 12 weeks
(Specify whether years, months or days) 40 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL") 8
(d) Street No. Rockhill Manor,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x 0

3. (a) PRINT FULL NAME Mrs. Ella M. Mellier

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 Widow
6. (b) Name of husband or wife Walter S. 6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased July 2 1858
(Month) (Day) (Year)

8. AGE: Years 85 Months 11 Days 18 If less than one day hr. min.

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

10. Usual occupation at home,

11. Industry or business _____

12. Name Major Es. Seth Mayberry
13. Birthplace va. (City, town, or county) (State or foreign country)
14. Maiden name Eliza Singsley
15. Birthplace miss. (City, town, or county) (State or foreign country)

16. (a) Informant Mabry Mellier,
(b) Address 2321 Fieldston Rd., Johnson Co., Ka.
17. (a) Burial (b) Date thereof 6-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-22-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th
year 1944 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from 3-9 1944 to 6-20 1944
that I last saw her alive on 6-20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Fract left hip.
Carcinoma left breast.
Due to _____

Due to Accidental Fall
Other conditions (include pregnancy within 3 months of death) _____

Major findings: none
Of autopsy none

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) accident
(b) Date of occurrence 3-9-44
(c) Where did injury occur? Home (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 (e) Means of injury Fall
23. Signature X C. Stewart (M. D. or other)
Address 14 C. road Date signed _____

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

2
39
37823

Dr. Claude Hunt

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.....

E. M. Plouck

Licensed Embalmer No. *1848*

P. O. Address.....

K. C. 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.