

FILED JAN 4 1945
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5133

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

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: Wheatley
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether in this community _____ years, months or days)

3. (a) PRINT FULL NAME Grace Lee Ellis

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Fe 3. Color of race col

5. (a) Single, widowed, married, divorced Mar.

5. (b) Name of husband or wife Richard Ellis

5. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Oct. - 12 - 1918
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>26</u>	<u>2</u>	<u>1</u>	hr. _____ min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____

12. Name Albert Prather

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

14. Maiden name Bessie Wilson

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

16. (a) Informant Bessie Prather mother

(b) Address 416 Woodland

17. (a) Burial (b) Date thereof 12-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridgeham

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th K.C. Mo.

19. (a) 12-18-44 (b) T.E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City 42
(If outside city or town limits, write "RURAL")

(d) Street No. 1416 Woodland
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
year 1944 hour 11 minute 59 M.

21. I hereby certify that I attended the deceased from Dec 10 - 11, 1944 to Dec 13, 1944
that I last saw her alive on Dec 13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pyemia
multiple abscesses

Due to _____

Due to Diabetes

Other conditions (Include pregnancy within 3 months of death) 61

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 L.V. Miller (M.D. or other) _____
Address K.C. Mo. Date signed _____

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.....

A. T. Moore

Licensed Embalmer No. *948*.....

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.