

FILED JUL 12 1945

Registration District No. 73

Primary Registration District No. 5290

Registrar's No. 73

1. PLACE OF DEATH

(a) County Clay
(b) City or town Kearney Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Kearney
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay
(c) City or town Kearney Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Wilson Ellington

3. (b) If veteran, name war _____ 3. (c) Social Security No. no

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Addie 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased June 10 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days _____ If less than one day hr. _____ min. _____

9. Birthplace Clay Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Marvin E. Ellington
13. Birthplace MO (City, town, or county) (State or foreign country)
14. Maiden name Virginia Creek
15. Birthplace MO (City, town, or county) (State or foreign country)

16. (a) Informant Addie Ellington
(b) Address Kearney MO

17. (a) Burial (b) Date thereof June 19-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Paradise MO

18. (a) Signature of funeral director Louise Fry
(b) Address Kearney MO

19. (a) 6-18-45 (b) Aileen Carley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1945 hour 2 minute _____ p.M.

21. I hereby certify that I attended the deceased from May 14, 1944, to June 16, 1945;
that I last saw him alive on June 8, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Degeneration 1 yr.

Due to Cerebral hemiplegia 3 yrs.

Due to Cerebral Arteriosclerosis

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

Major findings: Of operations _____ Of autopsy 9/30

Duration
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 2

23. Signature Kenneth Baker (M. D. or other) DO.
Address Kearney, Mo. Date signed 6-16-45

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

926

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

1/11/45

NOV 28 1945

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 _____

Leonard Fay

Licensed Embalmer No. *1677*

P. O. Address *Kearney Md*

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.