S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 21 1945

State File No. 24158

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 181

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Independence Sanitarium & Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Days (Specify whether
In this community 20 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Independence 4
(If outside city or town limits, write "RURAL")
(d) Street No. 726 North River Blvd. 4
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME CLYDE F. ELLIS

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

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dana I. Ellis
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased December 19, 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	6	2	hr. min.

9. Birthplace Chase, Michigan 1
(City, town, or county) (State or foreign country)
10. Usual occupation Minister
11. Industry or business Religion

FATHER
12. Name Wellington Ellis
13. Birthplace Canada 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Effie Randall
15. Birthplace No Data 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dana I. Ellis
(b) Address Independence, Missouri.
17. (a) Burial (b) Date thereof 6/23/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cemetery
18. (a) Signature of funeral director Roland R Speaks
(b) Address Independence, Missouri.
19. (a) 6-23-45 (b) James W Ross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1945 hour 7:73 minute 38 A. M.

21. I hereby certify that I attended the deceased from June 3, 1945, to June 21, 1945
that I last saw him alive on June 20, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Encephalitis	4 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 80 lb
Of autopsy

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

23. Signature Chas. F. Grabske (M. D. ~~or other~~)
Address Independence, Mo. Date signed 6/22/45

1163

(Licensed Embalmer's Statement on Reverse Side)

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 Roland R. Speaks

Licensed Embalmer No. 3604

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.