

No. 2
4-5-43
5-17-39
I X36671

Filed **MAY 16 1945**

Primary Registration District No. **1002**

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:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether _____)

In this community 10 years
(years, months or days)

3. (a) PRINT FULL NAME Nancy Ann Ellis

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female **5. Color or race** White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George W. Ellis

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased August 28 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>7</u>	<u>23</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name unknown Crowder

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

14. Maiden name Mary Unknown

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

16. (a) Informant Mr. George W. Ellis

(b) Address 11405 East 23st. Independence, Mo.

17. (a) Removal (Burial, cremation, or removal) Removal

(b) Date thereof 7/24/46
(Month) (Day) (Year)

(c) Place: burial or cremation Graven City, Mo.

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Missouri

19. (a) 4-22-46 (Date received local registrar)

(b) Signature Sheraldine Holmes
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 11405 East 23 St.
(If rural, give location)

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

If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1946 hour 12 minute 50 PM.

21. I hereby certify that I attended the deceased from April 19 1946
1946 to 21 April 1946

that I last saw her alive on 21 April 1946
and that death occurred on the date and hour stated above.

Immediate cause of death:
Acute Myocardial Infarction
secondary to
Hypertension (B.P. 254/120) 12 yrs
of myocarditis. Chronic

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none

Of operations none

Of autopsy Myocarditis acute
Myocarditis chronic

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?

23. Signature George W. Griffith
(Specify type of place) _____ (e) Means of injury _____

Address 4000 Baltimore Kansas
date signed 2/2/46

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.