

FILED JAN 13 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1449

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 9 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 3022 South 19th St
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28
year 1946 hour 3 minute 30 P. M.
21. I hereby certify that I attended the deceased from 12-27-46
1946 to 12-28 1946
that I last saw him alive on 12-28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral hemorrhage Duration 1 1/2 hrs
Due to High Blood Pressure 1 yr

Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations CGA
Of autopsy

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

3. (a) PRINT FULL NAME Julia Emeline Ellison

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

7. Birth date of deceased March 27, 1881
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 1 If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business home

12. Name Scott W. Songer

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

14. Maiden name Catherine Allen

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

16. (a) Informant Mrs Ruth Harless

(b) Address 3022 South 19th St, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 12-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Auburn Cemetery

18. (a) Signature of funeral director Barry Funeral Home

(b) Address St. Joseph, Mo.

19. (a) 1-4-47 (b) H. D. Jenkins
(Date received local registrar) (Registrar's signature)

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? U

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

23. Signature H. D. Jenkins M.D. (M. D. or other)
Address St. Joseph Mo. Date signed 12-28-46

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

JAN 30 1947

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 Victor Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph 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.