FILED APR 14 1947

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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

9037

1. PLACE OF DEATH
County Jackson — Registration District No. 149 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 1537
City Kansas City (No. ..., 0 ... St. ... Ward)

2. FULL NAME GEORGE HERBERT ELLIS St. Marys Hosp.
(a) Residence, No. 962 MIAMI AVE K.C.K. Ward. Kansas City Kansas
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Whit
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married - 1
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary P Ellis - 50 yrs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8 1889
7. AGE YEARS 57 MONTHS 8 DAYS 23 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo. Pac. R.R.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

FATHER
13. NAME Herbert Ellis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

MOTHER
15. MAIDEN NAME Elizabeth Mills
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

17. INFORMANT (ADDRESS) Hospital records K.C. Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE April 3 1947
19. UNDERTAKER (ADDRESS) Geo H. Long 703 No 10th K.C. Kansas
20. FILED 4-3 1947 Geraldine Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1 1947
22. I HEREBY CERTIFY, That I attended deceased from 3-8, 1947 to 4-1, 1947
I last saw him alive on 4-1, 1947 Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows: Date of onset
Cerebral ~~Thrombosis~~ Embolism
Cerebral Encephalomalacia
116
Other contributory causes of importance:
Cerebral Thrombosis
paralysis of esophageal muscles due to stroke 1 yr ago.
Name of operation Gastrostomy Date of April 1947
What test confirmed diagnosis? Was there an autopsy? NO
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Robert W. Smith, M. D.
(Address) 1002 Argyle K.C. Mo.

MARGIN R... OR BINDING
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
V. S. 50M-10-22-36 I X9314
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