

FILED APR 23 1947
Registration District No. 149

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:
1019 Lydia Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1019 Lydia Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Roy Ellington

3. (b) If veteran, name war No 3. (c) Social Security No. 500-03-4640

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie Ellington 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased April 11, 1887
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th
year 1947 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>11</u>	<u>23</u>	hr. _____ min. _____

Immediate cause of death: Cardiac Failure
Hypertensive Heart Disease

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 9th mo

Major findings: Of operations _____

Of autopsy No Permit

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

9. Birthplace Salisbury, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Squire Ellington

{ 13. Birthplace Salisbury, Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Annie Kitchen

{ 15. Birthplace Salisbury, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Ellington

(b) Address 1019 Lydia Avenue

17. (a) Burial (b) Date thereof 4/9/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Walter Brad

(b) Address 1729 Lydia Avenue

19. (a) 4-8-47 (b) Geraldine Holmes
(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? _____

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

23. Signature H. Wellman (M. D. or other) _____
Address 2626 Brooklyn Date signed _____

4-8-47

Cartman Case

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 *J. Jerome Manlove*
Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.