

No. 2  
M-5-43  
7-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24158

State File No. \_\_\_\_\_

FILED JUL 19 1947  
249

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 2897

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: General Hospital No. 1 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)

In this community 2 years  
years, months or days

3. (a) PRINT FULL NAME Henry S. Ellis

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Sallie Ellis

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

7. Birth date of deceased August 1, 1858  
(Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days 6  
If less than one day hr. min.

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

10. Usual occupation farming

11. Industry or business self

MOTHER FATHER

12. Name Herman Ellis

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

14. Maiden name Ros Soat

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Cummings

(b) Address 3208 E. Washington

17. (a) removal (b) Date thereof 7-8-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo.

18. (a) Signature of funeral director G. H. Blackman & Son

(b) Address Kansas City, Mo.

19. (a) 7-8-47 (b) Thereldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 5331 Highland 8  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7  
year 1947 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 5, 1947, to July 7, 1947;  
that I last saw him alive on July 7, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart dis.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Fr. of left hip  
(Include pregnancy within 3 months of death)

Major findings: 1860

Of operations \_\_\_\_\_

Of autopsy None 18

Duration \_\_\_\_\_

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) Accident 173

(b) Date of occurrence 7-4-47

(c) Where did injury occur? K. C. Jackson, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
At above address

While at work? No (Specify type of place) (e) Means of injury Fall 0

23. Signature Wm W. Hart (M. D. or other) MD

Address Gen. Hosp. #1 Date signed \_\_\_\_\_

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

*Dr. Cairns*

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**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 *OK McFarland*.....

.. Licensed Embalmer No. *4397*.....

.. P. O. Address *Danson City 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.**