

No. 2
-1/47
-17-39

38115

FEDERAL BUREAU OF INVESTIGATION

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. **5006**

FILED DEC 9 1947
Registration District No. **149**

Primary Registration District No. **1002**

WRITE PLAINLY—USING 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 **1513 Oakley**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **45 years**
(Specify whether 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. **1513 Oakley**
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **no.**

48
3
8

3. (a) PRINT FULL NAME **ELLA LEE ELLEMAN**

3. (b) If veteran, name war **no -**

3. (c) Social Security No. **none**

4. Sex **fe** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **wid 2**

6. (b) Name of husband or wife **ISAAC E.** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **July 16, 1879**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	4	12	hr. min.

9. Birthplace **Lacleave Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **at home**

MOTHER FATHER

12. Name **Riley Ricker**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Robert S. Elleman**

(b) Address **1513 Oakley**

17. (a) **Burial** (b) Date thereof **12-1-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **C. H. Blackman & Son, Inc**

(b) Address **2825 Independence Blvd.**

19. (a) **11-29-47** (b) **Steraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **28**
year **1947** hour **minute** M.

21. I hereby certify that I attended the deceased from **Mar** 19**47** to **Nov 27** 19**47**
that I last saw **her** alive on **Nov 27** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of common bile duct.**

Due to **Terminal Pneumonia**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Carcinoma**
Of operations

Of autopsy **40%**

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

23. Signature **D. P. Klepinger** (M. D. or other)

Address **500 Maple Blky** Date signed **11-29-47**

Duration
7 mo
3 days

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

KC Mo

D. W. Kelpinger
500 copies

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 O. K. McFarland

Licensed Embalmer No. 4397

P. O. Address Kansas 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.