

Registration District No. **49**

Primary Registration District No. **1002**

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 **St. Joseph Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 weeks**
In this community **7 months**
(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. **714 West 34th Street**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Audrey Alice ELLIN**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **143-12-6809**

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Robert S. Ellin**
6. (c) Age of husband or wife if alive **25** years
7. Birth date of deceased **July 2, 1923**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	24	8	6	hr. min.

9. Birthplace **Jersey City, New Jersey**
(City, town, or county) (State or foreign country)

10. Usual occupation **Secretary**

11. Industry or business **Blackmar Newkirk Eager-**

12. Name **Wm. J. Rymer**

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

14. Maiden name **Grace Pettigrew**

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

16. (a) Informant **Mr. Robert S. Ellin**

(b) Address **714 W. 34th St., K.C., Mo.**
Removal (b) Date thereof **3-8-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New York City**

18. (a) Signature of funeral director **Melody-McGilley-Eylar**

(b) Address **Kansas City, Missouri**

19. (a) **3-8-48** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **8**
year **1948** hour **noon** minute _____ M.

21. I hereby certify that I attended the deceased from **Jan 31 1948**
to **March 8 1948**
that I last saw him alive on **March 7 1948**
and that death occurred on the date and hour stated above.
Duration

Immediate cause of death **cerebral hemorrhage & general bleeding into tissues**

Due to **Thrombocytopenic purpura**

Due to _____

Other conditions **720**
(Include pregnancy within 3 months of death)

Major findings: **Splenectomy**
Of operations **2-7-48**

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(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? _____

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

23. Signature **R B Coffey** (M. D. **no**)
Address **1133 Grand** Date signed **3-8-48**

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

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

MOTHER FATHER

720

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 _____

Max W. Kirkendall

Registered Apprentice No. 86

working under my personal supervision.

Signed _____

Ellen E. Heck

Licensed Embalmer No. 4063

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.