

Registration District No. **59**

Primary Registration District No. **4097**

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

1. PLACE OF DEATH:
 (a) County **Cass**
 (b) City or town **Harrisonville**
 (c) Name of hospital or institution: **✓**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **4 months** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Wack A. Ellison**
 3. (b) If veteran, **✓** name war
 3. (c) Social Security No. **✓**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **2 divorced widower**
 6. (b) Name of husband or wife **Mary Sue Ellison** 6. (c) Age of husband or wife if alive **4** years
 7. Birth date of deceased **Sept - 7 - 1865**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	1	28	hr: min.

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

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER
 12. Name **Don't know**
 13. Birthplace **Don't know**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Don't know**
 15. Birthplace **Don't know**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. M. A. Herwood**

(b) Address **12 Harrisonville, Mo.**

17. (a) **Burial** (b) Date there **Nov. 7 - 1948**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Orient Cemetery**

18. (a) Signature of funeral director **RUNWENBURGER'S**
 (b) Address **HARRISONVILLE, MO.**

19. (a) **Nov. 7 - 1948** (b) **Lama J. Jones**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO** (b) County **Cass**
 (c) City or town **Harrisonville**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov** day **5**
 year **1948** hour **4** minute **10 P.M.**
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **CARCINOMA Bladder** Duration _____

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations **52B**
 Of autopsy _____
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) **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? **NO**

While at work _____ (Specify type of place) (e) Means of injury **2**
23. Signature **O. J. Barger** (M. D. or other **MD**)
 Address **Harrisonville, Mo.** Date signed **11/15/48**

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 Ernest Remminger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.