

Registration District No. 449

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:
3741 Central
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community LIFE
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3741 Central
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Viola M. Ellison

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Garrett Ellison 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased OCT 19 1861
(Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 19 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

MOTHER FATHER { 12. Name CHAS. MEANS 0
13. Birthplace MO (City, town, or county) (State or foreign country)
14. Maiden name M. ELLISS & BEVENT
15. Birthplace MO (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ralph Dold
(b) Address 3741 Central

17. (a) Burial (b) Date thereof 12-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director STINE & McCLURE
(b) Address 3235 Gillham Plaza K.C., MO.

19. (a) 11-30-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
year 1948 hour 11 minute 32 P. M.

21. I hereby certify that I attended the deceased from 19-24 1948 to 11-28 1948
that I last saw her alive on 11-28 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Failure
Due to Hypertension
Arteriosclerosis
Due to also food heart plaque
of previous stroke
Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations 930
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) _____
(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? 0

D. R. Black (Specify type of place) _____
While at work? _____ (e) Means of injury _____
Signature D. R. Black (M. D. or other) _____
Address 921 West Plaza Date signed 12-1-48

Wm. D. Gammal 13 Elmwood
11 JUL 4:30 P.M.
Prof. Belg.

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Kemo

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.