

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 149

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: GENERAL HOSPITAL # 2  
(If not in hospital or institution, write street number or location) 1/2 hr.  
(d) Length of stay: In hospital or institution 5 mos, 11 days, 16 yrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1919 East 14th Street 8  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME MINNIE ELLISON

3. (b) If veteran, name war  
3. (c) Social Security No. 492-14-3904

4. Sex FEMALE 3  
5. Color or race NEGRO  
6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife UNKNOWN  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased JULY 14th 1873  
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 21 If less than one day hr. min.

9. Birthplace UNKNOWN (City, town, or county) OK 12/1 (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business PRIVATE FAMILY

12. Name CHARLIE ADAMS

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

14. Maiden name ELVIRA GILL

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

16. (a) Informant Friend: Mrs. Ella Adams

(b) Address 1919 East 14th Street

17. (a) Burial (b) Date thereof: Dec. 11, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem.

18. (a) Signature of funeral director E. Davis

(b) Address 1513 West Ave

19. (a) 12-11-48 (Date received local registrar) E. Halmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 5th  
year 1948 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from JUNE 24th 1948 to DECEMBER 5th 1948  
that I last saw her alive on DECEMBER 5th 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death ARTERIOSCLEROTIC HEART DISEASE

Due to GENERALIZED ARTERIOSCLEROSIS

Due to FRACTURE LEFT ANKLE - DECUBITUS ULCER, SENILITY

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1960 18

Of autopsy

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

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 6-17-48

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

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

While at work? NO (Specify type of place)  
(e) Means of injury fall

33. Signature E. Frank Ellis (M. D. or other)

Address 600 East 22nd St. Date signed 12/5/48

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

MOTHER FATHER

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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 W. E. Davis  
Licensed Embalmer No. 4417  
P. O. Address A. C. 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.**