

K.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

26654  
 Do not use this space.

AUG 22 1939

1. PLACE OF DEATH

(a) County Ripley Registration District No. 750  
 (b) Township Douphan Primary Registration District No. 5985 Registered No. ....  
 (c) City ..... (d) Street No. .... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME CORA ELLIS

(a) Residence, No. .... St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF W.A. ELLIS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6, 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	77	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ....  
 9. Industry or business in which work was done, as saw mill, bank, etc. ....  
 10. Date deceased last worked at this occupation (month and year) .....  
 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

FATHER

13. NAME Samuel Lynn Masterson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Sarah J. Imgeline

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Jim Dubinger, Douphan, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE 7-12 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gish

20. FILED 7-12-39 C. B. Johnston Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30 1939, to July 11 1939  
 I last saw him alive on July 30 1939. Death is said to have occurred on the date stated above, at 10:55 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Cancer of Breast  
 Date of onset JD

Other contributory causes of importance:  
Cancer of left breast

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify Cancer  
 (Signed) J. Williams, M. D.  
 (Address) Douphan Mo

RECEIVED

District Health Officer No. 5,

District File Number 839 92  
Date Filed 8-10-39

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.