

N. 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
STANDARD CERTIFICATE OF DEATH

State File No. **40295**

Registration District No. **574**

Primary Registration District No. **5774A**

Registrar's No. **9**

1. PLACE OF DEATH:
 (a) County **Moniteau** *Barris Twp*
 (b) City or town **Rural**, ~~BARRIS TWP~~
 (If outside city or town limits, write "RURAL" and name of township)
Harrison
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location) *2*
 (d) Length of stay: In hospital or institution **2**
 In this community **2** **52 Yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Moniteau**
 (c) City or town **Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME **John Eliphas. Ellis** *420*
 3. (b) If veteran, name war _____ 3. (c) Social Security No. **NO**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Nov** day **20** year **1929** hour **3:30 AM** minute _____ M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Elsie E. Ellis** 6. (c) Age of husband or wife If alive **72** years
 7. Birth date of deceased **Sept 21 1859**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Nov. 14** 19**29**, to **Nov. 18** 19**29**,
 that I last saw him alive on **Nov. 14** 19**29**, and that death occurred on the date and hour stated above.
 Immediate cause of death **Arteriosclerosis** Duration _____

8. AGE: Years Months Days If less than one day
80 **1** **30** hr. _____ min.

Due to _____
 Due to **97**

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

10. Usual occupation **Farming**

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

11. Industry or business
 12. Name **Eliphas Ellis**
 13. Birthplace **Tenn**
 (State or foreign country)
 14. Maiden name **Grace Ellis**
 15. Birthplace **Tenn**
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature *Amelle Ellis*
 (b) Address **High Point Mo,**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) **Burial** (b) Date thereof **Nov 21 1929**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation **Gamble Cem.**

While at work? _____ (Specify type of place) Means of injury **380**

18. (a) Signature of funeral director *Bonham Funeral Home*
 (b) Address **Cliftonia Mo**

23. Signature *A. J. Benion* (M. D. or other) **380**
 Address **Cliftonia** Date signed **11/21/29**

19. (a) **11/22** (b) *J. W. Phillips*
 (Date received local registrar) (Registrar's signature)

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 Earl R. Boulin

Licensed Embalmer No. 2126

P. O. Address California

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.