

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

43817
Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette Registration District No. 960
 (b) Township Davis Primary Registration District No. 9279 Registered No. 70
 (c) City Figginsville, Mo. or _____
 (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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

John Martin Ellmore Sr.
 (a) Residence, No. Figginsville, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura B. Ellmore
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 - 1939
 7. AGE YEARS 54 MONTHS 6 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.
 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. laborer-
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20-1939
 22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1939, to Dec 20, 1939
 I last saw him alive on Dec 20, 1939. Death is said to have occurred on the date stated above, at 12 m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma Esophagus. Date of onset 1938

Other contributory causes of importance: H²

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Figginsville, Mo.
 FATHER 13. NAME Samuel Ellmore
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Figginsville Mo.
 MOTHER 15. MAIDEN NAME Margurete Bradley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 17. INFORMANT (ADDRESS) Laura B. Ellmore Figginsville Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Figginsville, Mo. DATE 12-23-39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hoefler & Meinershagen Figginsville Mo.
 20. FILED Jan 2 1940 Tiffany Webb Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis Esophagus 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? No
 If so, specify _____
 (Signed) C. J. Russell, M. D.
 (Address) Figginsville Mo.

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.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

1/5/40

RECEIVED
DISTRICT HEALTH OFFICER NO. 8
DISTRICT FILE NO. _____
DATE FILED _____

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 _____

Roy F. Wiegman

Licensed Embalmer No. *2883*

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

43817
Do not use this space.

1. PLACE OF DEATH

(a) County Rafayette Registration District No. 460
(b) Township Higginsville Primary Registration District No. 4294 Registered No. 70
(c) City Higginsville (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

John Martin Ellmore Sr
(a) Residence, No. Higginsville mo St. (If nonresident, give city or town and State)
(Usual place of abode. If no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9 1885

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
34 6 11

The principal cause of death and related causes of importance were as follows:

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

Other contributory causes of importance:

Date of onset

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

Name of operation _____ Date of _____

FATHER 13. NAME

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

MOTHER 15. MAIDEN NAME

Where did injury occur? _____ (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury _____

PLACE DATE 19____

19. FUNERAL DIRECTOR (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

20. FILED Feb-6 1940 T. J. Webb Local Registrar

(Signed) C. T. Jessell, M. D.

(Address) Higginsville mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED. DESCRIBED BY LAW.

SUPPLEMENTARY

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

CONFIDENTIAL

REPORT NO. 100-100000

DATE: 10/10/68

TO: SAC, NEW YORK (100-100000)

FROM: SAC, NEW YORK (100-100000)



STATISTICAL PARTICULARS

1. NAME OF SUBJECT: [REDACTED]

2. DATE OF BIRTH: [REDACTED]

3. PLACE OF BIRTH: [REDACTED]

4. OCCUPATION: [REDACTED]

5. EDUCATION: [REDACTED]

6. RELIGION: [REDACTED]

7. MARITAL STATUS: [REDACTED]

8. SOCIAL SECURITY NUMBER: [REDACTED]

9. CURRENT ADDRESS: [REDACTED]

10. PREVIOUS ADDRESSES: [REDACTED]

11. EMPLOYMENT HISTORY: [REDACTED]

12. CRIMINAL RECORD: [REDACTED]

13. OTHER INFORMATION: [REDACTED]

UNIT NUMBER

MEMO

CONFIDENTIAL - SECURITY INFORMATION