

Registration District No. 508

Primary Registration District No. 3026

1. PLACE OF DEATH:

(a) County LIVINGSTON
(b) City or town CHILLICOTHE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 218 TURNER ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 YEARS (Specify whether years, months or days) 11-2-40

8. (a) PRINT FULL NAME CAROLINE BRUCE ELLIS

8. (b) If veteran, name war _____ 8. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race COLOR 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HUSBAND 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased MAY 11 - 1875
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 15 If less than one day hr. _____ min. _____

9. Birthplace BRUNSWICK MO (City, town, or county) (State or foreign country) 1

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name MR SMITH

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

14. Maiden name FANNIE SMITH

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

16. (a) Informant's own signature Charley Franklin Ellis

(b) Address 218 Turner St

17. (a) BURIAL (b) Date thereof APRIL 21 - 1940 (Month) (Day) (Year)

(c) Place: burial or cremation NORTH CEMETERY

18. (a) Signature of funeral director H. G. Meinershagen
(b) Address Chillicothe Mo

19. (a) 4-19-40 (b) H. G. Meinershagen (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County LIVINGSTON
(c) City or town CHILLICOTHE (If outside city or town limits, write "RURAL")
(d) Street No. 218 TURNER ST. (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 16 year 1940 hour 11 minute 50 P M.

21. I hereby certify that I attended the deceased from March 20, 1940 to Apr 16, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death acute Myocarditis Duration _____

Due to Carcinoma of Liver

Due to Carcinoma of Liver

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations X 4/6

Of autopsy None

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) _____ X

(b) Date of occurrence _____ X

Where did injury occur? (City or town) (County) (State) _____ X

(c) Did injury occur in or about home, on farm, in industrial place, in public place? _____ Y

While at work? _____ (Specify type of place) (e) Means of injury _____ V

23. Signature M. H. Danner (M.D. or other) _____
Address Chillicothe Mo Date signed 4/24

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

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.

FORM 1 X1951

JUL 1 1948

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.....

Elmer Thomas

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Elmer Thomas

Licensed Embalmer No.....

2640

P. O. Address.....

Chillicothe 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, above space should be left blank.