

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.

FILED MAY 17 1940

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

15739
Do not use this space.

1. PLACE OF DEATH
 (a) County Pettis Registration District No. 668
 (b) Township Roswell Hospital Primary Registration District No. 3032 Registered No. 136
 or Sedalia
 (c) City Sedalia 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. - da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Robby Sean Ellis
 (a) Residence, No. 2300 E. Broadway St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1925

7. AGE YEARS 14 MONTHS 8 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

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. Student
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME John G. Ellis
 14. BIRTHPLACE (CITY OR TOWN) Clifton City (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Travis N. Fischer
 16. BIRTHPLACE (CITY OR TOWN) Sedalia (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) John G. Ellis
2300 E. Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 4-6-1940

19. FUNERAL DIRECTOR (NAME) Dee Dee Currey (ADDRESS) Sedalia, Missouri

20. FILED 4-5- 19 40 Mrs. Harry Sneed Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1940, to April 4, 1940
 I last saw him alive on April 4, 1940. Death is said to have occurred on the date stated above, at 7:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Brain Hemorrhage
traumatic
 Date of onset Apr 4-40

Other contributory causes of importance: 1940

Name of operation none Date of _____
 What test confirmed diagnosis? Chemical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury Apr 4, 1940
 Where did injury occur? Sedalia, Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Smith Cotton High School
 Manner of injury Football practice
 Nature of injury Fracture of vessel in face

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Chas. DeBourcier, M. D.
 (Address) 113 1/2 E 4th St, Sedalia

RECEIVED

District Health Officer No. 8

Product File Number

Date Filed 5-15-40

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 *Maude Ewing*

Licensed Embalmer No. *3647*

P. O. Address *Jessie Thomas*

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.