

MAY 13 1940

State File No.

Registration District No. 906

Primary Registration District No. 6221

Registrar's No. 71

## 1. PLACE OF DEATH:

(a) County Wright  
(b) City or town Hartsville Rural Precinct  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

(Specify whether

In this community

years, months or days) 11 203. (a) PRINT  
FULL NAME Sarah Nancy Ellis

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex F

5. Color or

race W

6. (a) Single, widowed, married,

divorced Widowed

6. (b) Name of husband or wife

Caleb Ira Ellis

6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

7. Birth date of deceased

April 27

(Day)

1884

(Year)

8. AGE:

Years

Months

Days

If less than one day

85112

hr. \_\_\_\_\_ min.

9. Birthplace

Ross Co

(City, town, or county)

Tenn

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

12. Name James W. Wakefield

13. Birthplace

Tenn

(State or foreign country)

14. Maiden name E Elizabeth Ruthford

15. Birthplace

Tenn

(State or foreign country)

16. (a) Informant's own signature J. E. Wakefield

(b) Address

Hartsville, Mo17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof Mar 31, 1940

(Month) (Day) (Year)

(c) Place: burial or cremation Wynona Cem18. (a) Signature of funeral director Rene E. Holden

(b) Address

19. (a) 4-30-40

(Date received local registrar)

(b) Ella Claxton

(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo(b) County Wright

(c) City or town

Hartsville Rural

(If outside city or town limits, write "RURAL")

(d) Street No. S.W.

(If rural, give location)

(e) If foreign born, how long in U. S. A.?

\_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29  
year 1940 hour 8 minute 45 P.M.21. I hereby certify that I attended the deceased from  
Mar 24, 1940, to Mar 29, 1940;  
that I last saw her alive on Mar 29, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Influenza

Duration

5 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(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?

While at work? 940

(Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. R. Watt

(M. D. or other)

Address Hartsville MoDate signed 4-10-40

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**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..... *Gene E. Aldren* .....

Licensed Embalmer No. *3865* .....

P. O. Address..... *Hastings, 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.**