

S. No. 2
11-19-39
5-17-39
P-1 X21492

State File No. _____
Registrar's No. 204

Registration District No. 213

Primary Registration District No. 3014

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson

(c) Name of hospital or institution: _____
419 East High Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 20 years
years, months or days)

3. (a) PRINT FULL NAME Charles William Ellis 420

3. (b) If veteran, name war World

3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Marjorie Ellis 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased November 7 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

44 9 4 hr. min.

9. Birthplace Fairfield Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Requisition Officer W.P.A.

11. Industry or business W.P.A.

MOTHER FATHER { 12. Name Not Known

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

14. Maiden name Not Known

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

16. (a) Informant Mrs. Charles W. Ellis

(b) Address 419 E. High St. Jefferson City

17. (a) Burial (b) Date thereof Aug-12-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thorpe J Gordon

(b) Address Jefferson City, Missouri

19. (a) 8/14/40 (b) D. W. B. of P. M. D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City, Missouri
(If outside city or town limit write "RURAL")

(d) Street No. 419 East High Street
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11 year 1940 hour 1:15 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____
_____ to _____
that I last saw him alive on July 18 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration _____

Due to Embolic of liver

Due to Bronchial pneumonia

Other conditions Bronchial pneumonia
(Include pregnancy within 3 months of death)

Major findings: Of operations none 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) _____

(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 _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] M. D. or other _____

Address Jefferson City, Mo. Date signed 8-14-40

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

FEB 10 1945

STATEMENT BY LICENSED EMBALMER

JUL 10 1945

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

Joseph J. Gordon

Licensed Embalmer No.

1786

P. O. Address

Jefferson City 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.