FILED AUG 23 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26117

Registration District No. 750 Primary Registration District No. 5985 Registrar's No. 1691

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

1. PLACE OF DEATH:
(a) County Ripley 2
(b) City or town Doniphan Mo Rural
(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 30 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Ripley
(c) City or town Doniphan Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME WILLIAM W. EZELL 400

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Emma Ezell
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Oct (Month) 17 (Day) 1855 (Year)

8. AGE: Years 84 Months 8 Days 26 If less than one day hr. min.

9. Birthplace (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Merl G. Ezell
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Mary Ann Hopkins
15. Birthplace (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant J. L. Ezell
(b) Address Doniphan Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 14 (Day) 1940 (Year)
(c) Place: burial or cremation Shiloah Cemt.
18. (a) Signature of funeral director Blake Mortuary
(b) Address Doniphan Mo
19. (a) 7. 14. 1940 (Date received local registrar) (b) E. B. Johnston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1940 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from 7/10/40, 19, to 7/13/40;
that I last saw him alive on 7/13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death | Duration
Due to Pneumonia (Lobar) 3 days.
Due to
Other conditions Ca. of Trace and unknown
(Include pregnancy within 3 months of death) neck
Major findings:
Of operations
Of autopsy

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?
(Specify type of place)
6 74
While at work? (e) Means of injury
23. Signature Clifford Gofort (M. D. or other) M D
Address Doniphan Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.