

Registration District No. **7**

Primary Registration District No. **4433**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Ralls**,  
(b) City or town **Perry, Missouri**  
(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 **2**  
In this community **All of life.**  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **John Gill Ellis.**

3. (b) If veteran, name war \_\_\_\_\_ 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 **Johanna Gillum Ellis.** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **July, 23, 1860**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>80</b>	<b>1</b>	<b>25</b>	hr. _____ min.

9. Birthplace **Perry, Missouri.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer.**

11. Industry or business **Unemployed.**

12. Name **Clifford Ellis.**

13. Birthplace **Ralls, Co., Missouri.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Purvis.**

15. Birthplace **Ralls Co., Missouri.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Tom Daniel Carter.**

(b) Address **Perry, Missouri**

17. (a) **Burial** (b) Date thereof **Sept. 20, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lick Creek Cemetery.**

18. (a) Signature of funeral director **Clyde Wilbey**

(b) Address **Perry, Missouri**

19. (a) **9/20/40** (b) **Clyde Wilbey**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ralls**,  
(c) City or town **Perry, Missouri**  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **28<sup>th</sup>**  
year **1940.** hour **11** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **Sept. 1939**  
19\_\_\_\_, to **Sept. 17**, 19\_\_\_\_.

that I last saw him alive on **Sept. 17**, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration \_\_\_\_\_

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

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

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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

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

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

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

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 **E. T. Swan** (M. D. or other) **DO.**

Address **Perry, Mo** Date signed **9/20/40**

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

RECEIVED  
District Health Officer No. 10  
District File Number 10-40-1954  
Date Filed OCT 18 1940

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 Clyde C. Wilkes

Licensed Embalmer No. 3820

P. O. Address Perry, Md

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.