

Dr. Ellis
37985
State File No.
Registrar's No. 267

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

Registration District No. 1 Primary Registration District No. 1

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
604 W. Filmore
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 79 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Nancy Ellen Fusselman
3. (b) If veteran, name war _____ 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eli A. Fusselman 6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased January 29 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 9 13 hr. _____ min.

9. Birthplace Adair County
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
12. Name Abraham Fusselman
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Cynthia Morris Slover
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Eli A. Fusselman
(b) Address Kirkville, Missouri

17. (a) Burial (b) Date thereof 11-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salisbury Cemetery

18. (a) Signature of funeral director Dee Riley
(b) Address Kirkville, Mo.

19. (a) Nov. 22, 40 (b) Spencer P. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair
(c) City or town Kirkville
(If outside city or town limits, write "RURAL")
(d) Street No. 604 W. Filmore
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12
year 1940 hour 11:25 minute A: M.

21. I hereby certify that I attended the deceased from November 1st 1940 to November 12, 1940
that I last saw her alive on November 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Lobal Carcinoma Duration _____
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 R. P. Ellis (M. D. or other) _____
Address Kirkville, Mo. Date signed 11-19-40

RECEIVED

District Health Officer No. 10

District File Number 12-40-2331

Date Filed DEC 14 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.....

Laura A. Riley.....
working under my personal supervision.

Registered Apprentice No.....

Signed Laura A. Riley.....

Licensed Embalmer No. 3907

P. O. Address Kirksville 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.