DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3645

FILED MAR 19 1941

Registration District No. 593

Primary Registration District No. 4351 5 78 12

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: two miles north of New Florence Mo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 23 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery 70

(c) City or town Rural (If outside city or town limits, write "RURAL") 0

(d) Street No. two miles north New Florence Mo (If rural, give location) 0

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

3. (a) PRINT FULL NAME Luther D. Ellis

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 Bulah Bryant Ellis

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb 7 th 1891 (Month) (Day) (Year)

8. AGE: Years 50 Months Days 16 If less than one day hr. min.

9. Birthplace New Florence Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Ellis
13. Birthplace Callaway Co Mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Leta Zimmerman
15. Birthplace Warren Co Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Bulah Ellis

(b) Address Neaw Florence Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/41 (Month) (Day) (Year)

(c) Place: burial or cremation New Florence Cemetery

18. (a) Signature of funeral director C W Hopkins

(b) Address Montgomery City Mo

19. (a) 3-4-41 (Date received local registrar) (b) James O. Helm M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 23 year 1941 hour 7 minute 50 A. M.

21. I hereby certify that I attended the deceased from Sudden, 19 , to Death, 19 ; that I last saw him alive on — — — , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Suicide by firearms, load entering left lumbar region just below the heart	5 MIN.
Due to — — —	
Due to — — —	
Other conditions — — — (Include pregnancy within 3 months of death)	
Major findings: Of operations — — —	
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) Suicide

(b) Date of occurrence FEBRUARY 23, 1941.

(c) Where did injury occur? NEW FLORENCE (City or town) MONTGOMERY (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? SHALL-WAY OF BARN on FARM HOME (Specify type of place)

5 While at work? — — (e) Means of injury 12 GA. SHOTGUN.

23. Signature Ray Means (M. D. or other) CORONER

Address Gonesburg, Missouri Date signed 2/23/41.

(Licensed Embalmer's Statement on Reverse Side)

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 on the 23 rd day of Feb I94I, Registered Apprentice No. ..... working under my personal supervision.

Signed [signature]

Licensed Embalmer No. I487

P. O. Address Montgomery City Mo

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

If this body is not embalmed, above space should be left blank.