

No. 2
1-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7814**

Registration District No. **670**

Primary Registration District No. **5896**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
RFD # 1
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

3. (a) PRINT FULL NAME John H.H. 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 Married

6. (b) Name of husband or wife Louetta Ellis

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased March 27 1852
(Month) (Day) (Year)

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

88 10 11 _____ hr. _____ min.

9. Birthplace Cooper Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (Retired)

11. Industry or business _____

12. Name Marion Ellis

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

14. Maiden name Mildred Bailey

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

16. (a) Informant Mrs. Herman Taylor

(b) Address Miami, Mo.

17. (a) Burial (b) Date thereof Feb. 10/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miller Chapel

18. (a) Signature of funeral director Gillespie Funeral Home
Sedalia Mo.

(b) Address _____

19. (a) Feb (b) Flossie Ferguson
(Date rec. (Registrar's signature))

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. RFD # 1
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Feb. 6, 1941, to Feb. 8, 1941;
that I last saw him alive on Feb. 6, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Nephritis Chronic

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1941

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 _____

(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? 6060
(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature J.O. Boley (M. D. or other) _____

Address Albe Grace, Mo. Date signed 2-14-41

Duration 2 Da

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Feb 10 - 1941

RECEIVED
District Health Officer No. 8
District File Number 3-6-41
Date Filed

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 L. L. Boulcher

Licensed Embalmer No. 3867

P. O. Address Sedalia, 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, fact should be so stated above.