No. 2
4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14830

Registration District No. 407 Primary Registration District No. 4241 Registrar's No.

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: 422 North Tennessee /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community: 17 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 49

(c) City or town: Carterville 4
(If outside city or town limits, write "RURAL")

(d) Street No.: 422 North Tenn. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: James H. Ellis

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male 0

5. Color or race: W.

6. (a) ~~Single, widowed~~, married, divorced: Married

6. (b) Name of husband or wife: Susie Ellis

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

7. Birth date of deceased: October (Month) 25 (Day) 1850 (Year)

8. AGE: Years	Months	Days	If less than one day
90	5	24	hr. min.

9. Birthplace: no data / Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Farm

FATHER
12. Name: C. E. Ellis
13. Birthplace: no data / Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: No data
15. Birthplace: no data / 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Widow Mrs. Susie Ellis

(b) Address: Carterville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/ 20/ 41 (Month) (Day) (Year)

(c) Place: burial or cremation: Carterville Cemetery

18. (a) Signature of funeral director: Webb City, Missouri 369

(b) Address:

19. (a) 4-20-41 (Date received local registrar) (b) J. W. Clark (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th year 1941 hour 2:45 minute A. M.

21. I hereby certify that I attended the deceased from April 10, 1941, to April 18, 1941; that I last saw him alive on April 10, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Influenza	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Senility	

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)

While at work? (e) Means of injury:

23. Signature: J. W. Clark (M. D. or other) 0

Address: Carterville, Mo Date signed 4-20-41

(Licensed Embalmer's Statement on Reverse Side)

Clark

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 C. W. Hedgl

Licensed Embalmer No. 2859

P. O. Address Walla Walla

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

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