

S. No. 2  
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S-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 25781

FILED AUG 15 1941

Registration District No. 654

Primary Registration District No. 5872

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH**

(a) County Pemiscot

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

(c) Name of hospital or institution: 1  
(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)

**8. (a) PRINT FULL NAME** Bonnie Faye Ellis

**8. (b) If veteran,** name war \_\_\_\_\_ **8. (c) Social Security** No. \_\_\_\_\_

**4. Sex** Female **5. Color or race** White

**6. (a) Single, widowed, married,** 0 divorced Single

**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if** \_\_\_\_\_  
alive \_\_\_\_\_ years

**7. Birth date of deceased** December 30 1934  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>6</u>	<u>5</u>	<u>13</u>	_____ hr. _____ min.

**9. Birthplace** Steele Mo  
(City, town, or county) (State of foreign country)

**10. Usual occupation** None

**11. Industry or business** \_\_\_\_\_

**12. Name** Harry Ellis

**13. Birthplace** 1 Missouri  
(City, town, or county) (State or foreign country)

**14. Maiden name** Savannah Beasley

**15. Birthplace** Baldwin 1 Missouri  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Savannah Ellis

**(b) Address** Steele, Mo

**17. (a) Burial, cremation or removal** Burial **(b) Date thereof** 6-14-41  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Int. Fair

**18. (a) Signature of funeral director** Gorman Undert. Co.

**(b) Address** Steele, Mo

**19. (a) J-41-1941** Tom Prigmore  
(License received local registrar) (Registrar's signature)

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**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pemiscot 78

(c) City or town Steele (Rural)  
(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.? 0 years

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month June day 13  
year 1941 hour 9 minute 00 A. M.

**21. I hereby certify that I attended the deceased from** June 12  
\_\_\_\_\_, 1941, to June 13, 1941;

that I last saw her alive on June 12, 1941;  
and that death occurred on the same date and hour stated above.

Immediate cause of death Vomiting - dehydration  
general weakness

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

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

Other conditions 7000  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

**23. Signature** Thompson (M. D. certifying) P

**Address** Steele Mo **Date signed** \_\_\_\_\_

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

8-41-25-

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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 William C. Shelton

Licensed Embalmer No. 3929

P. O. Address Steele, 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.**