

S. No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39257**

FILED DEC 6 1941
Registration District No. **164**

Primary Registration District No. **4436**

Registrar's No. **38**

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

1. PLACE OF DEATH:

(a) County **St. Clair, Mo.**

(b) City or town **Appleton City, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **230 - 2nd and Locust St.**
(If not in hospital or institution, write street number or location)

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

In this community **6 months** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bates?**

(c) City or town **Butler**
(If outside city or town limits, write "RURAL")

(d) Street No. **South Fulton**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Florence Alice Ellington**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **18th**
year **1941** hour **8** minute **10** a.m.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **J. F. Ellington** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **August 2, 1859**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec 15** 19**41** to **Nov 18** 19**41**
that I last saw her alive on **Nov 16** 19**41**
and that death occurred on the date and hour stated above.

8. AGE: Years **82** Months **3** Days **16** If less than one day _____ hr. _____ min.

9. Birthplace **Elkhart, Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

Immediate cause of death **uremic coma** Duration _____

Due to **Chronic nephritis**

Due to **Chronic Myocarditis**

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

MOTHER FATHER

11. Industry or business _____

12. Name **James Beach**

13. Birthplace **Elkhart, Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Emma Leitch**

15. Birthplace **Elkhart, Indiana**
(City, town, or county) (State or foreign country)

Major findings: **1318**

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Lee Scifers**

(b) Address **Granby, Mo.**

17. (a) **Burial** (b) Date thereof **11, 20, 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill, Conn.**

18. (a) Signature of funeral director **Butler, Mo.**

(b) Address _____

19. (a) **Nov. 11-41** (b) **Olso Wrey**
(Date received local registrar) (Registrar's signature)

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. L. Hanson** (M. D. or other) **MD**

Address **Appleton City Mo** Date signed **11-18-41**

RECEIVED

District Health Officer No. 71

District File Number 12-41-1959

Date Filed 12-3-41

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,

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

R. Stanton Lisle

Licensed Embalmer No.

4123

P. O. Address.....

Butler, 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.