

FILED JAN 20 1942

Registration District No. 295

Primary Registration District No. 5412

Registrar's No. 53

I. PLACE OF DEATH:

(a) County Franklin
(b) City or town Sullivan, (Rural) Missouri
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 74 Years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Henry Ellison

8. (b) If veteran, name war No 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eva Ellison 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased December 17, 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Farmer

11. Industry or business Farming

12. Name John Ellison

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Martha Skaggs
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Shaffer

(b) Address Sullivan, Missouri.

17. (a) Burial (b) Date thereof Dec. 29, '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director Ethel Shaffer

(b) Address Sullivan, Missouri.

19. (a) 12-27-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Franklin
(c) City or town Sullivan, (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.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26
year 1941 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Dec 21 1941
to Dec 26, 1941;
that I last saw him alive on Dec 25, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Senility
Due to _____
Other conditions (include pregnancy within 3 months of death) 930

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)
(2) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Sullivan Mo Date signed 12-27-41

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

6
6
11

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

Edgar W. Tafflor

Licensed Embalmer No.

2394

P. O. Address

Sullivan, N.

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.