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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42807

Registration District No. 244 Primary Registration District No. 5926B Registrar's No. 113

1. PLACE OF DEATH:
(a) County Ray Richmond
(b) City or town Henrietta Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(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 None

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray
(c) City or town Henrietta Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. City
(If rural, give location)
(e) Citizen ~~of foreign country~~? ..... (Yes ~~or No~~)
If yes, name country U.S.A.

3. (a) PRINT FULL NAME Luther Ellis
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race Black
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Zanex Ellis Williams Deceased
6. (c) Age of husband or wife if living Deceased years
7. Birth date of deceased April 20 1874. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	8	6	..... hr. ..... min.

9. Birthplace Columbia Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Painter
11. Industry or business
FATHER 12. Name Clark Ellis
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Amanda Shields
15. Birthplace Verginia (City, town, or county) (State or foreign country)
16. (a) Informant Wm. Ellis
(b) Address Henriett a Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-41. (Month) (Day) (Year)
(c) Place: burial or cremation Richmond Mo.
18. (a) Signature of funeral director J. B. Brothers
(b) Address Richmond Mo
19. (a) Dec 30-41 (Date received local registrar) (b) Mala Gaddson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1941 hour ..... minute 9 M.
21. I hereby certify that I attended the deceased from Called on to as - wrong, 19..; that I last saw h... alive on ....., 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) GHD	
Major findings: Of operations	
Of autopsy Coronary Occlusion Arteriosclerosis	

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 H. W. Griffith (M. D. or other) GHD
Address Richmond Mo Date signed 1/24/42

(Licensed Embalmer's Statement on Reverse Side) Lorenzo Ray, Co. Mo 4-1

RECEIVED
District Health Officer No. 8,
File Number

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 J. B. Brothers, Registered Apprentice No. Brothers Funeral Hom working under my personal supervision.

Signed J. B. Brothers

Licensed Embalmer No. 2001

P. O. Address Richmond M

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

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