S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

4
0
0

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18888

State File No.

Registration District No. 773 Primary Registration District No. 4464 Registrar's No. 67

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Near Farmington Tlm
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 yrs. 4 mo. 27 da (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 94 5 0

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

(d) Street No. (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Myra Ellis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased (Month) (Day) (Year) 1900

8. AGE: Years 42 Months Unk. Days Unk. If less than one day hr. min.

9. Birthplace (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Isaac Ellis
13. Birthplace (City, town, or county) Iowa 1 (State or foreign country)

MOTHER
14. Maiden name Alice Sears
15. Birthplace (City, town, or county) Kansas 1 (State or foreign country)

16. (a) Informant Records of State Hosp. #4
(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-42 (Month) (Day) (Year)
(c) Place: burial or cremation Cem. of State Hosp. #4 Farmington, Mo.

18. (a) Signature of funeral director Chas. Richardson
(b) Address Farmington, Mo.

19. (a) 5-30-42 (Date received local registrar) (b) Byrdie Buhrmaster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 19 year 1942 hour 9 minute 30 A M.

21. I hereby certify that I attended the deceased from 4-29, 1942 to 5-19, 1942 that I last saw her alive on 5-19, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis — Duration 4 yrs

Due to

Due to

Other conditions Paranoid Schizophrenia
(Include pregnancy within 3 months of death)
Old fracture at femur at neck

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 Paul J. Schrader (M. D. or other) MD

Address Paul J. Schrader Farmington, Mo Date signed 5-20-42

1194 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 42 - 719

Date Filed 6-10-42

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.

This Body was not Embalmed

Signed Chas. Richardson

Licensed Embalmer No. 3167

P. O. Address Gamlin 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.