

FILED OCT 7 1942

Registration District No. 155

Primary Registration District No. 5579

Registrar's No. 28

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Musulin

(c) Name of hospital or institution: Jasper Co TBC Hospital  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 4 months  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 819 East 3rd St  
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Frank A. Ellison

MEDICAL CERTIFICATION

3. (b) If veteran, name war No

3. (c) Social Security No. None

20. DATE OF DEATH: Month Sept day 29  
year 1942 hour 2 minute 55 p M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Nettie Ellison

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Aug 30 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 23 1942 to Sept 29 1942  
that I last saw him alive on Sept 29 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

76 0 30 hr. min.

Immediate cause of death Pulmonary Tuberculosis

Due to.....

Due to.....

9. Birthplace Sweden 4  
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) 138

Major findings: Of operations.....

Of autopsy.....

10. Usual occupation Inventor

MOTHER FATHER

11. Industry or business

12. Name Johannes Ellison

13. Birthplace Sweden 4  
(City, town, or county) (State or foreign country)

14. Maiden name Hena Peterson

15. Birthplace Sweden 4  
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Acquaintance

(b) Address

17. (a) Burial (b) Date thereof 10-3-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

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?

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison Ave Carthage

19. (a) Oct 3, 1942 (b) Mrs. Nellie L. Lyle  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury Di

23. Signature Jim E. Dancy (M. D. or O. D.)

Address Whet City Mo Date signed 9/29/42

429-780

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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..... *Edlemer* .....

Licensed Embalmer No. *2272* .....

P. O. Address *Partridge* .....

**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.