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FILED FEB 14 1944

Registration District No. 7

Primary Registration District No. 4013

Registrar's No. 1

1. PLACE OF DEATH:

(a) County HATCHISON  
(b) City or town HELPS CITY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME ELLEN ELIZABETH RASH

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased 2 28 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 10 29 hr. min.

9. Birthplace HATCHISON Co. MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name JOHN MILLER

13. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)

14. Maiden name JESSIE BLYTH

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

16. (a) Informant J. M. Wash.

(b) Address Helms City, Mo

17. (a) Buried (b) Date thereof 1-28-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenhill

18. (a) Signature of funeral director Boydhamer Mortuary

(b) Address Rock Port, Mo

19. (a) Jan 27 1944 (b) Mr. Herbert Lawrence  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HATCHISON  
(c) City or town HELPS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26th  
year 1944 hour 8.00 minute P. M.

21. I hereby certify that I attended the deceased from Jan 16 1944 to Jan 26th 1944

that I last saw her alive on Jan-20- 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemmgr.

Duration  
10 Days

Due to Senile decay.

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No.

Of autopsy No.

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?

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

23. Signature James A. Gray (M. D. or V. M. D.)

Address Watson No. 1 Date signed 1-28-44

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

MOTHER FATHER

**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.....

*Graf Berthelmann*

Licensed Embalmer No. *3173*

P. O. Address *Rock Point, 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.**