

No. 2  
4-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35124

State File No. \_\_\_\_\_

FILED OCT 17 1944

Registration District No. 300

Primary Registration District No. 6029 4449

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Wynne

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

(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 \_\_\_\_\_ (Specify whether)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wynne

(c) City or town Ellington  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Carolyn Kay Ellerman

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 18 1924  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ellington Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Garrett Ellerman

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

14. Maiden name Renee Hill

15. Birthplace Aminence Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Garrett Ellerman

(b) Address Ellington Mo

17. (a) Burial (b) Date thereof 9-8-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Driskill Amelia

18. (a) Signature of funeral director Phil A. Ferber

(b) Address Ellington Mo

19. (a) Sept 20-44 (b) Essie Evans  
(Date received local registrar) (Registrar's denature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7  
year 1944 hour 10 minute 30A M.

21. I hereby certify that I attended the deceased from Sept 6  
September 7, 1944 to Sept 6 1944  
that I last saw her alive on Sept 6 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Enterocolitis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

1942

Duration \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature P. J. Bugg M.D. (M. D. or other)

Address Ellington Mo Date signed 9-2-44

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

RECEIVED.

District Health Officer No. 5,

District File Number 1044531

Date Filed 10-14-44

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**