

No. 2
 1-8-43
 5-17-39
 PI X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **40519**

FILED DEC 22 1944

Registration District No. _____

Primary Registration District No. **4011**

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Atchison
 (b) City or town Watson mechanical
 (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 _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Atchison **3**
 (c) City or town Watson **0**
 (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 _____ **0**

3. (a) PRINT FULL NAME MARY ESTER ELLISON
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 16th
 year 1944 hour 12 minute 10 P. M.
 21. I hereby certify that I attended the deceased from Oct 20th
1944 to Dec 16- 1944
 that I last saw her alive on Dec 15th
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Wm Ellison 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased 2 24 1891
 (Month) (Day) (Year)

Immediate cause of death Cancer of Lung-Left
 Duration _____
 Due to _____
 Due to 47d
 Other conditions _____
 (Include pregnancy within 3 months of death)

8. AGE: Years 53 Months 9 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Jonestown Tenn.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name Floyd Murdock
 13. Birthplace Unknown Tenn.
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Knight
 15. Birthplace Jonestown Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant Wm H. Ellison
 (b) Address Watson

17. (a) Burial (b) Date thereof 12-18-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Creek

18. (c) Signature of funeral director High Crown Mortuary

(b) Address Road
 19. (a) 12-20-44 (b) J. A. Gray
 (Date received local registrar) (Registrar's signature)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy None.
 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) (c) Means of injury _____

23. Signature J. A. Gray (M. D. _____)
 Address Watson Mo. Date signed 12/17/44

(Licensed Embalmer's Statement on Reverse Side)

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: *Grady Burchinal*
Licensed Embalmer No. *3173*
P. O. Address: *Rock Port, 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.