

FILED APR 17 1945
Registration District No. **178**

Primary Registration District No. **4284**

Registrar's No. **30**

1. PLACE OF DEATH:

(a) County **Lewis**
(b) City or town **LaBelle**
(c) Name of hospital or institution **None**
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution **12yrs**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Howard H. Ellis**

3. (b) If veteran **Spanish American War** (c) Security **Philippine Insurrection (none)**
name was **For Boxer Rebellion**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Francis S. Ellis** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **August 6th, 1874**
(Month) (Day) (Year)

8. AGE: Years **70** Months **7** Days **23** If less than one day hr. min.

9. Birthplace **Summer Hill Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business

12. Name **William Ellis**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Lucy E. Shaw**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frances S. Ellis**

(b) Address **LaBelle, Missouri**

17. (a) **Burial** (b) Date thereof **April 1, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **LaBelle, Mo. Cemetery**

18. (a) Signature of funeral director **Norman D. Coker**

(b) Address **LaBelle, Mo.**

19. (a) **4-2-45** (b) **F. W. Janning**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lewis**
(c) City or town **LaBelle**
(If outside city or town limits, write "RURAL")
(d) Street No. **none**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **29th**
year **1945** hour **6** minute **30** M.

21. I hereby certify that I attended the deceased from **25-26**
7 March 1945 to **March 29** 1945
that I last saw him alive on **March 29** 1945
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Heart Failure**
Due to **Influenza**
Duration **Had Chronic Myocard. Inf.**

Other conditions (include pregnancy within 3 months of death)
Major findings: **93d**
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?

While at work? Means of injury

23. Signature **F. W. Janning** (M. D. or other)
Address **LaBelle Mo.** Date signed **4/1-45**

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

6000

981

NOV 5 1944

MAR 17 1944

APR 25 1945

RECEIVED

District Health Officer No. 10

District File Number 4-45-706

Date Filed APR 13 1945

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 *Norman D. Code*

Licensed Embalmer No. 3721

P. O. Address LaBelle, 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.