

FILED AUG 7 1945 STANDARD CERTIFICATE OF DEATH

State File No. 25160

Registration District No. 321

Primary Registration District No. 6082

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Saline
(b) City or town R.F.D. Nelson, Mo.
(c) Name of hospital or institution none Arrow Rock Trip
(d) Length of stay: In hospital or institution all his life
In this community all his life

2. USUAL RESIDENCE OF DECEASED:

(a) State No. (b) County Saline 97
(c) City or town R.F.D. Nelson, Mo.
(d) Street No.
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME James Ellis

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

4. Sex male
5. Color or race Negro
6. (a) Single, widowed, married, divorced, or separated married
6. (b) Name of husband or wife Laura Ellis
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased May, 3rd, 1872

8. AGE: Years 73, Months 1, Days 25, If less than one day hr. min.

9. Birthplace Saline Co. Mo.

10. Usual occupation Farmer

11. Industry or business

12. Name Walker Ellis
13. Birthplace Ky.
14. Maiden name Belle White
15. Birthplace Saline Co. Mo.

16. (a) Informant Mrs. Laura Ellis
(b) Address R.F.D. Nelson, Mo.

17. (a) burial (b) Date thereof 6/30/45
(c) Place: burial or cremation Union Hill cemetery Hill Brothers

18. (a) Signature of funeral director Slater, Mo.
(b) Address

19. (a) Date received local registrar July 6, 1945 (b) Registrar's signature Mrs. W.E. Shackelford

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th year 1945 hour 7 minute a M.

21. I hereby certify that I attended the deceased from 1943 to June 26 1945 and that death occurred on the date and hour stated above. Immediate cause of death Endocarditis

Due to Myocarditis
Due to Myocarditis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy 309

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature P.L. Lawless (M. D. or other)
Address Main St. Mo. Date signed 6-28-45

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

1255

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 8-6-45

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 Sam M Hill
Licensed Embalmer No. 1292
P. O. Address Slater 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.