

DEPARTMENT OF COMMERCE
BUREAU OF CEASED
FILED JUL 14 1946 STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 145

Registration District No. 1 Primary Registration District No. 3000

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville, Missouri
(c) Name of hospital or institution: Ellis Hospital
(d) Length of stay: In hospital or institution 10 days
In this community 24 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Adair
(c) City or town Kirksville
(d) Street No. 140 5 E. Filmore
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Robert Roy Ellis
3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 19th year 1946 hour 6 minute 10 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary B Ellis 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Sept 3 1890

21. I hereby certify that I attended the deceased from Jan 10, 1946 to April 19th 1946
that I last saw h. alive on April 19th 1946 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>7</u>	<u>16</u>	hr. min.

Immediate cause of death Embolism, cerebral
Due to Hepatitis??

9. Birthplace Keens, Ills Wayne Co
10. Usual occupation Physician & Surgeon

Other conditions 87.8
Major findings: Emphysema, Hepatitis, Cholecystitis
Of operations _____
Of autopsy _____

11. Industry or business Physician & Surgeon
12. Name James Sherman Ellis
13. Birthplace Keens Illinois
14. Maiden name Belle Bilbro
15. Birthplace Keens, Illinois

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mary B. Ellis
(b) Address Kirksville, Mo

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Apr 21 1946
(c) Place: burial or cremation Maple Hill Bur.
18. (a) Signature of funeral director Walter Lambert
(b) Address Kirkville, Mo.
19. (a) 5-24-46 (b) Walter Lambert

(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____
23. Signature W. King (M. D. or other) W.D.
Address Kirkville, Mo. Date signed 5/2/46

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

JUN 23 1946

RECEIVED

District Health Officer No. 10

District File Number 6-46-12

Date Filed JUN 13 1946

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..... *Bauman Beatty*

Licensed Embalmer No. 4379

P. O. Address Kirkville, 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.