

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED AUG 27 1946

Registration District No. **77** Primary Registration District No. **3016**

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5
4
2548b
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Cole
 (b) City or town Jefferson City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri State Penitentiary **2**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

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

4. Sex Male **2** 5. Color or race Colored 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: June 11, 1923
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>23</u>	<u>2</u>	<u>5</u>	_____ hr. _____ min.

9. Birthplace: Pacific, mo **0**
(City, town, or county) (State or foreign country)

10. Usual occupation General labor

MOTHER {
 11. Industry or business _____
 12. Name Albert Ellis
 13. Birthplace Hay Summit, mo
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Jackson
 15. Birthplace Pacific, mo
(City, town, or county) (State or foreign country)

FATHER {
 16. (a) Informant Sarah Jane Cunningham
 (b) Address Pacific, mo
 (c) Place: burial or cremation Kirkwood Cemetery
 17. (a) Signature of funeral director Victor Buescher
 (b) Address Jefferson City Missouri
 (c) Date received by Registrar 8-16-46 (Registrar's signature)

18. (a) Signature of funeral director Victor Buescher
 (b) Address Jefferson City Missouri
 (c) Date received by Registrar 8-16-46 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cole **26**
 (c) City or town Jefferson City, Missouri **5**
(If outside city or town limits, write "RURAL")
 (d) Street No. Mo State Penitentiary **4**
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) **0**
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 16 th **6**
 year 1946 hour 12.53 minute AM
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Hydrocyanic acid gas
 Due to: Legal execution
 Due to: _____
 Other conditions: _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations: _____
 Of autopsy: _____
 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 W. U. McKnelly **no** **0**
(M. D. or other)
 Address Wm. V. McKnelly M.D. Prison Physic
 Date signed _____

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RECEIVED
District Health Officer No. 9,
District File Number 8-46-204
Date Filed 8-28-46

AUG 27 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 Victor Buescher
Licensed Embalmer No. 3707
P. O. Address Jefferson City, 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.