

FILED NOV 20 9 1946

Registration District No. \_\_\_\_\_ Primary Registration District No. 3043

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

1. PLACE OF DEATH:

(a) County MARION

(b) City or town HANNIBAL  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: LEYERING HOSPT. O  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 DAYS  
(Specify whether

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE 64

(c) City or town STOUTSVILLE  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME HATTIE I. ELLIS

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 19  
year 1946 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from 10-15-46  
19\_\_\_\_ to 10-19-46, 19\_\_\_\_  
that I last saw her alive on 10-19-46, 19\_\_\_\_  
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 ROBT. EDWARD ELLIS

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased DEC. 16, 1873  
(Month) (Day) (Year)

Immediate cause of death cardiac insufficiency Probably 17MO

Due to myocardial damage probably 2 yrs.

Due to general debility of the aged

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 950

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

8. AGE: Years Months Days If less than one day

72	10	3	hr. min.
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9. Birthplace MONROE CO., MO. U  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name REDMOND L. INFELD 1

13. Birthplace KY. 1  
(City, town, or county) (State or foreign country)

14. Maiden name MATILDA JANE DAVIS

15. Birthplace MO. O  
(City, town, or county) (State or foreign country)

16. (a) Informant CLEO INFELD

(b) Address COLORADO SPRINGS, COLO.

17. (a) BURIAL (b) Date thereof 10-25-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STOUTSVILLE, MO.

18. (a) Signature of funeral director Speed & Blakey

(b) Address PARIS, MO.

19. (a) 10/23/46 (b) D. E. M. Lucke.  
(Date received at local registrar) (Registrar's signature)

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)  
(g) Means of injury \_\_\_\_\_

23. Signature J. E. Dultzman (M. D. number) \_\_\_\_\_  
Address 115 N. 5th St., Hannibal, Mo. Date signed \_\_\_\_\_

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**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 W. B. Blakey.....

Licensed Embalmer No. 2416.....

P. O. Address Paris, Missouri......

**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.**