

No. 2  
12-45  
17-39  
X47070

**FILED MAR 28, 1947**  
Registration District No. **132**

Primary Registration District No. **2001**

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County **Jasper**  
(b) City or town **Joplin**  
(c) Name of hospital or institution: **1725 Virginia**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **50 Years** (Specify whether years, months or days)  
In this community **50 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**  
(c) City or town **Joplin**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1725 Virginia** (If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Arthur Herman Ellis**

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

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

6. (b) Name of husband or wife **Myrtle** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **June 22, 1881**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>65</b>	<b>8</b>	<b>9</b>	hr. _____ min. _____

9. Birthplace **unk Tennessee**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Mining Engineer**

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

MOTHER FATHER

12. Name **Albert Ellis**

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

14. Maiden name **Amelia Harrison**

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

16. (a) Informant **Mrs. Myrtle Ellis**

(b) Address **1725 Virginia, Joplin, Mo.**

17. (a) **Removal** (b) Date thereof **3-5-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Messer Cemetery**

18. (c) Signature of funeral director **Parker-Hunsaker**

(b) Address **1502 Joplin, Joplin, Mo.**

19. (a) **3-8-47** (b) **Ed Danner**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **3**  
year **1947** hour **4** minute **30** AM.

21. I hereby certify that I attended the deceased from **Feb-20** to **Feb-22**, 19**47**,  
that I last saw him alive on **Feb-22**, 19**47**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: **13B**  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature **J. C. Coats** (M. D. or other) **MD**

Address **Joplin Mo.** Date signed **3-7-47**

49  
250

138

47-3-205

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.