

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28734
Registrar's No. 2238

Registration District No. 301 Primary Registration District No. 6035

1. PLACE OF DEATH:
(a) County Ripley
(b) City or town Douglas Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
15 miles north of Douglas
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 7 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ripley
(c) City or town Douglas
(If outside city or town limits, write "RURAL")
(d) Street No. Jordan Prop. (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward A. Ellis
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 9
year 1947 hour 3 minute 20 A.M.
21. I hereby certify that I attended the deceased from June 1947 to July 1947
that I last saw him in alive on July 8 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary S. Ellis 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased April 9 1978
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis Duration 7 yrs
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 69 Months 3 Days _____ If less than one day _____ hr. _____ min.

Major findings: Of operations _____ Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Polk County Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Barber Retired

11. Industry or business _____

12. Name John Ellis 9

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Shainaker
(City, town, or county) (State or foreign country)

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mary D. Ellis 1
(b) Address Douglas Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-1947
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cemt.

18. (a) Signature of funeral director W. Edwards
(b) Address Douglas Mo.

19. (a) 7-22-47 (Date received local registrar) (b) W. Edwards (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) (e) Means of injury 2
23. Signature Wm. Hickey (M. D. or other) SO.
Address Douglas, Mo. Date signed 7-9-47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District No. 5,

District 847 444

Date Filed 8-30-47

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 Valer Johnson
Licensed Embalmer No. 4271
P. O. Address Daniphaok, 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.