

No. 2
5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 14 1947

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 312

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: S.E. Mo Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)
In this community 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Jackson
(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 Ellis, Theodore Reed,

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bessie Kellerman 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased June 28 1903
(Month) (Day) (Year)

8. AGE: Years 43 Months 3 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Cape Girardeau County, MO
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business _____
12. Name Tom Reed
13. Birthplace Neeleys Landing, Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Trickey
15. Birthplace Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ellis Reed
(b) Address Jackson Mo

17. (a) Burial (b) Date thereof 10/9/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Russell Heights

18. (a) Signature of funeral director McComb & Co
(b) Address Jackson Mo

19. (a) 10-9-1947 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8
year 1947 hour 12:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from Oct 2 1947 to Oct 8 1947;
that I last saw h _____ alive on Oct 8 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 2 days

Due to Cardiac Decompensation 4 months

Due to Amiotrophic Lateral Sclerosis 6 months

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
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) (e) Means of injury _____

23. Signature E. F. McDonald (M. D. or other) _____
Address Jackson, Mo Date signed 10-8-47

RECEIVED

District Health Officer No. 4

District File Number 1047-130

Date Filed 10-13-47

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 B.A. Meyer

Licensed Embalmer No. 3057

P. O. Address Jackson 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.