

FILED OCT 4 1947

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8975

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... ST. LOUIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: LUTHERAN HOSP. O
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 6 WKS.
 (Specify whether

In this community.....
 years, months or days)

3. (a) PRINT
FULL NAMEELLIS J. BEST.

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.....
 6. (c) Age of husband or wife if

alive..... years

7. Birth date of deceased JAN 21 1904
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 8 2 hr. min.

9. Birthplace..... ST. FRANCIS Co. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation..... FARMER

11. Industry or business..... OWN FARM.

MOTHER FATHER

12. Name..... HENRY C. BEST

13. Birthplace..... ST. FRANCIS Co. Mo. O
 (City, town, or county) (State or foreign country)

14. Maiden name..... LYDIA M. MORGAN

15. Birthplace..... ST. FRANCIS Co. Mo. O
 (City, town, or county) (State or foreign country)

16. (a) Informant..... MRS. ELLIS BEST

(b) Address..... FARMINGTON Mo.

17. (a) BURIAL (b) Date thereof..... 9-24-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... FARMINGTON Mo.

18. (a) Signature of funeral director..... ROWLAND FUNERAL SER.

(b) Address..... 4355 WASHINGTON AV.

19. (a) SEP 26 1947 (b) J. F. Bradeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... ST. FRANCIS 94
 (c) City or town..... FARMINGTON
 (If outside city or town limits, write "RURAL")
 (d) Street No.....
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Sept. day..... 23RD
 year..... 1947 hour..... 2 minute..... 30^{AM} M.

21. I hereby certify that I attended the deceased from Sept 23 47
Sept 23 47 to Sept 23 47
 that I last saw h. u. alive on Sept 23 47
 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death.....

u. u. u.
Cardiovascular Renal & 8 wks
arteriosclerosis

Due to.....

Other conditions.....
 (include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsies.....

PHYSICIAN

Underline
 the cause of
 which death
 should be
 charged sta-
 tistically.

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?.....
 (Specify type of place)
 While at work?..... (e) Means of injury.....
 23. Signature..... Wm P Koval (M. D. or other)
4500 Olive Address..... Date signed..... Sept 24 47

5268

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..... *Ronald Yankke*
Licensed Embalmer No..... *3917*
P. O. Address..... *St. Louis 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.