

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1759  
Registrar's No. 21

Registration District No. 209 Primary Registration District No. 3043

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: St Elizabeth Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
In this community 8 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Monroe  
(c) City or town Monroe City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 208 Court Street  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Lee Ely.

3. (b) If veteran, name war none 3. (c) Social Security No. no

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Anetta Frances 6. (c) Age of husband or wife if alive 82 years  
7. Birth date of deceased May 9th 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 8 4 hr. min.

9. Birthplace Ralls County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Insurance agent

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

12. Name James K Ely

13. Birthplace Ralls County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Davilla Roland

15. Birthplace Ralls County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. J. D. Proctor

(b) Address Monroe City, Mo.

17. (a) Burial (b) Date thereof 1/25/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Judes Monroe City

18. (a) Signature of funeral director WILSON & SONS

(b) Address Monroe City Missouri

19. (a) 1-16-48 (b) Dr. E. M. Lucke  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13th  
year 1948 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1-5-  
1948, to 1-13, 1948,  
that I last saw him alive on 1-13, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 9 days  
Due to Terminal Uremia 3 days

Due to \_\_\_\_\_  
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 [Signature] (M. D. or other) 0  
Address Holmes Bldg., Hannibal, Mo. Date signed 1-15-48

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

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3  
1

69  
1  
0  
1

74A

2014

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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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Marion City, 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.