S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 3 1948

Registration District No. 235

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 8517-5817

State File No. 5580

Registrar's No. 2

1. PLACE OF DEATH:
(a) County: Morgan
(b) City or town: Mill Creek. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2 Miles west Syracuse
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: —
In this community: Entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Morgan 71
(c) City or town: Syracuse 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.: none
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: Native

3. (a) PRINT FULL NAME: Clara Susan Ellis
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: R. J. Ellis
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: August 29th 1879. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68	5	26	hr. min.

9. Birthplace: Syracuse, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home
FATHER 12. Name: N. F. Carpenter 0
FATHER 13. Birthplace: Morgan County, Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Octavia Igo
MOTHER 15. Birthplace: Morgan County, Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant: R. J. Ellis (Husband)
(b) Address: Syracuse, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Syracuse, Mo.
18. (a) Signature of funeral director: Janice E. Richards
(b) Address: Sedalia, Mo.
19. (a) 2/28/48 (Date received local registrar) (b) Myrta Hatesfiller (Registrar's signature) 213

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25 year 1948 hour 7 minute 15 P. M.
21. I hereby certify that I attended the deceased from Sept 16 1947 to Feb 25 1948, that I last saw h. alive on Feb 25 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy Sept 13-4/7 cerebellum left side	6 mts
Due to: Hypertension	Yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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PHYSICIAN — Underline the cause of 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? (Specify type of place) 0
While at work?
(e) Means of injury:
23. Signature: Todd Fogle (M. D. or other) MD
Address: Otterville Mo. Date signed 2/28/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 30 1948

DEC 21 1948

JAN 12 1951

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 Jennell E. Richards

Licensed Embalmer No. 2466

P. O. Address Lipton, 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.