

No. 300
M-10-47
5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED APR 29 1948
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **11416**
Registrar's No. **34**

Registration District No. **13** Primary Registration District No. **5059**

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

1. PLACE OF DEATH:
(a) County **Barry county**
(b) City or town **French township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5 miles south of Ansona!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **91 yr** years, months or days)

3: (a) PRINT FULL NAME **WENNIE ARLINE ELLIS**
3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **F. A. Ellis** 6. (c) Age of husband or wife if alive **deceased**
7. Birth date of deceased **March 15 1858**
(Month) (Day) (Year)

8. AGE: Years **90** Months **1** Days **2** If less than one day
hr. min.

9. Birthplace **Barry county** (City, town, or county) (State or foreign country)
10. Usual occupation **housewife**

11. Industry or business
12. Name **unknown** **9**
13. Birthplace **unknown** (City, town, or county) (State or foreign country) **9**
14. Maiden name **unknown**
15. Birthplace **unknown** (City, town, or county) (State or foreign country) **9**

16. (a) Informant **Open Ellis**
(b) Address **Ansona Mo R-2**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4/21/48**
(Month) (Day) (Year)
(c) Place: burial or cremation **clay hill Cem.**

18. (a) Signature of funeral director **W. M. West**
(b) Address **Ansona Mo**
19. (a) **4-27-48** (Date received local registrar) (b) **W. M. West** (Registrar's signature) **15**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Barry** **5**
(c) City or town **Ansona R-2**
(If outside city or town limits, write "RURAL")
(d) Street No. **5 miles south of Ansona**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **17**
year **1948** hour **7** minute **15 P.M.**
21. I hereby certify that I attended the deceased from **June** 19**47** to **April 17** 19**48**
that I last saw her alive on **April 10** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Senility -**
Due to **thickened Arterioles, gas.**
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations **97**
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 **0**
23. Signature **H. P. G. G. G. G.** (M. D. or other) **0**
Address **Ansona Mo** Date signed **4-17-48**

RECEIVED

District Health Officer No. 6;

District File Number 448-551

Date Filed APR 28 1948

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.....

Wesley H. S. Crapton Registered Apprentice No. 211
working under my personal supervision.

Signed Wesley H. S. Crapton

Licensed Embalmer No. 3812

P. O. Address Yorba Linda

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.