No. 2
1/47
17:39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

DELAYED

State File No. 29157

Registration District No. 60

Primary Registration District No. 4106

Registrar's No. 6

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

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town Jerico Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cedar 20
(c) City or town Jerico Springs 0
(If outside city or town limits, write "RURAL") 0
(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 Ama Miley Ellis
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 2 (Day) 1862 (Year)

8. AGE: Years 85 Months 9 Days 16 If less than one day hr. min.

9. Birthplace Peoria, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Daniel Jackson Crum
13. Birthplace (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Margret Johnson
15. Birthplace (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Almeda Long
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 20 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Hamby Cemetery
18. (a) Signature of funeral director Church + Neale
(b) Address Stockton, Missouri
19. (a) Feb 2 1948 (Date received local registrar) (b) Mrs. Velma Ellis (Registrar's signature) 383

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18
year 1948 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov. 1940, 19, to 1-18, 1948
that I last saw her alive on 1-18, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrage — Duration 2 Days
Due to Hy Pertention — 8 yrs
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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)
While at work? (e) Means of injury D
23. Signature G B Bainnister M. D. or other
Address Jerico Springs Mo. Date signed 1-18-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number.....
Date Filed .....

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.