

No. 300
-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

32040

State File No.

FILED NOV 8 1948

Registrar's No. 1161

Registration District No. 12

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL", and name of township)

(c) Name of hospital or institution:
Mercy Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether
60 years)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. Pilcher Hotel
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Earl O. Ellis

3. (b) If veteran, name war no

3. (c) Social Security No. 491-09-1907

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October 26, 1948
year _____ hour 7 minute 30 P.M.

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from 10-22-48 to 10-26-48
that I last saw him alive on 10-26-48
and that death occurred on the date and hour stated above.

7. Birth date of deceased: October 5, 1884
(Month) (Day) (Year)

Immediate cause of death: Cancer of Sigmoid
Cancer of Liver

8. AGE:	Years <u>64</u>	Months <u>0</u>	Days <u>21</u>	If less than one day hr. _____ min. <u>0</u>
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Due to _____

Due to _____

9. Birthplace: Sheridan, Mo.
(City, town, or county) (State or foreign country)

Other conditions: 116 E.
(Include pregnancy within 3 months of death)

10. Usual occupation: Taxi driver

Major findings: Cancer of Sigmoid
& Liver.

11. Industry or business: A.B.C. Cab Co

Of operation _____

12. Name: David C. Ellis

Of autopsy _____

13. Birthplace: Pennsylvania
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

14. Maiden name: Martha Simons

15. Birthplace: Bedford, Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Theresa Sparks

(b) Address: Weatherby, Mo.

17. (a) Burial (b) Date thereof: 10-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mt Mpra cemetery

18. (a) Signature of funeral director: Barry Funeral Home

(b) Address: St. Joseph, Mo.

19. (a) 11-4-48 (b) E. L. Jenkins
(Date received local registrar) (Registrar's signature)

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: Dr. Ben R. ... (M. D. or other) DO
Address: 873 Farrow Date signed: 10-27-48

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 Victor Barry

Licensed Embalmer No. 4212

P. O. Address St. Joseph 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.