

FILED AUG 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28990

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give town) Sikeston		c. CITY (If outside corporate limits, write RURAL and give township) Lilbourn 72	
c. LENGTH OF STAY (In this place) 2 Days		d. STREET ADDRESS (If rural, give location) _____ 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Alice	b. (Middle) _____	c. (Last) Ellis	4. DATE OF DEATH (Month) (Day) (Year) August 8 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 5-14-1949	9. AGE (In years last birthday) 2 2/4	IF UNDER 1 YEAR Months 2 Days 24	IF UNDER 24 HRS. Hours 24 Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Lilbourn, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Hershel Ellis	13b. MOTHER'S MAIDEN NAME Sarah Eakins	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give way or dates of service) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Sarah Ellis ADDRESS Lilbourn, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5910
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malaria trichomon Ac. gastroenteritis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **8-7, 1949** to **8-8, 1949**, that I last saw the deceased alive on **8-6, 1949**, and that death occurred at **4 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE E. D. Urban (Degree or title) M.D.	23b. ADDRESS Sikeston, Mo.	23c. DATE SIGNED 8/10/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 9 1949	24c. NAME OF CEMETERY OR CREMATORY Mounds Park Cem.	24d. LOCATION (City, town, or county) (State) Lilbourn, Missouri.
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DATE REC'D BY LOCAL REG Aug 12-49	REGISTRAR'S SIGNATURE Mrs. Ella Hunter	25. FUNERAL DIRECTOR'S SIGNATURE Ponder Funeral Home ADDRESS Lilbourn, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

AUG 13 1949

District Health Office No. 2.

District File Number 849-826

Date Filed _____

Director, 710
225 W. 1st St.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Homer L. Ponder

Licensed Embalmer No. 13367

P. O. Address

Leidown, ms.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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