

FILED JUL 25 1956

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| BIRTH NO. _____ | | REG. DIST. NO. <u>181</u> | | PRIMARY REG. DIST. NO. <u>4293</u> | | Registrar's No. <u>19</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Lincoln</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elsberry</u> | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN <u>Elsberry</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u> | | | | e. STREET ADDRESS (If rural, give location) <u>0570</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> | | b. (Middle) <u>WILKINA</u> | | c. (Last) <u>ELLIS</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7-1-1956</u> | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>Nov 2-1875</u> | |
| 9. AGE (In years last birthday) <u>80</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln Co. Missouri</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln Co. Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>William H. Ellis</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY ELLEN MAYES</u> | |
| 13a. FATHER'S NAME <u>William H. Ellis</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY ELLEN MAYES</u> | | 14. NAME OF HUSBAND <u>W. H. Ellis</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>E. E. Ellis</u> | | 17. ADDRESS <u>Elsberry, Mo.</u> | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CANCER UTERUS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 YEARS</u> <u>±</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>174X</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) | | | |
| 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? | | | |
| 22. I hereby certify that I attended the deceased from <u>12</u> - <u>1955</u> , to <u>7-1</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>6-30</u> , 19 <u>56</u> , and that death occurred at <u>2:00 P. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> | | | | 23b. ADDRESS <u>[Address]</u> | | 23c. DATE SIGNED <u>7/2/56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>7-3-1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Elsberry Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Elsberry Lincoln Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>7/24/56</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>[Address]</u> | | | |

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

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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 July 1-1956 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clifton Miller
Licensed Embalmer No. 336

P. O. Address Elabery

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.