

FILED APR 19 1946

Registration District No. 11

Primary Registration District No. 4023

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Exeter, Mo.  
(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 Most of life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
(c) City or town Exeter, Mo.  
(If outside city or town limits, write "RURAL"):  
(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 Nannie Ellis

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced W 2  
6. (b) Name of husband or wife Wm. N. Ellis 6. (c) Age of husband or wife if alive Dead years  
7. Birth date of deceased Jan. 3, 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 2 18 - hr. - min. 0

9. Birthplace Warren Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Noah Bowen  
13. Birthplace unknown  
14. Maiden name Lucretia Duckworth  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. P. Reed.  
(b) Address Monett, Mo.

17. (a) Burial (b) Date thereof Mar. 23, 46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Maplewood Cem., Exeter

18. (a) Signature of funeral director W.D. Koon  
(b) Address Cassville, Mo.

19. (a) Mar 26 - 1946 (b) Grace Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st  
year 1946 hour 12:30 minute P.M.

21. I hereby certify that I attended the deceased from April 6  
1943 to March 19, 1946;

that I last saw her alive on March 19, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy Q30

Duration  
\_\_\_\_\_  
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 ?

23. Signature W.R.M. Chis (M. D. or other) P.O.  
Address Cassville, Mo. Date signed 3/25/46

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

RECEIVED

District Health Officer No. 61

District File Number 446-458

Date Filled APR 16 1946

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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.....

.....  
working under my personal supervision.

Signed J. C. Canada, Registered Apprentice No. ....  
Licensed Embalmer No. 4196  
P. O. Address Cassville, 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.