REC'D FEB 23 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2

2263
Do not use this space.

Registration District No. 309
Primary Registration District No. 6428
Registered No. 5

1. PLACE OF DEATH
(a) County Gentry
(b) Township Huggins
(c) City
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 26 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ellsworth McMichael
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel Ball

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1919

7. AGE: Years 19 | Months 7 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry County Missouri

FATHER
13. NAME Elmer McMichael
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nodaway Co. Missouri

MOTHER
15. MAIDEN NAME Virgil Lane
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co. Missouri

17. INFORMANT Elmer McMichael
(ADDRESS) Gentry, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenridge DATE Jan. 27 1939

19. FUNERAL DIRECTOR Brooks Funeral Home
(ADDRESS) Albany, Mo.

20. FILED Jany. 26, 1939, W. T. Martin
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 12:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
SUICIDE By SHOTGUN	

Other contributory causes of importance: 127

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? SUICIDE Date of injury JAN 25 1939
Where did injury occur? GENTRY Co. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. HOME
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Tom C. Hollin, Probate Judge
acting Coroner
(Address) Albany, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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28 1945

AUG 29 1945

STATEMENT BY LICENSED EMBALMER

I, C. Lafayette Brooks, Licensed Embalmer No. 3329

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed C. Lafayette Brooks

Licensed Embalmer No. 3329

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.)