C

REC'D APR 25 1939

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

TURNER

11491
Do not use this space.

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1. PLACE OF DEATH

(a) County Macon 2 Registration District No. 533

(b) Township Hudson 1 Primary Registration District No. 3027 Registered No. 30

(c) or City Macon 1 (d) Street No. 216 Missouri 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 420 HARLEY M. ELLIS

(a) Residence, No. Macon, Mo. 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: Emma Sandner Ellis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 30, 1904

7. AGE: YEARS 33 | MONTHS 4 | DAYS 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Auditor
9. Industry or business in which work was done, as saw mill, bank, etc. Federal Gov't.
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): Iowa 1

FATHER
13. NAME: J. M. Ellis 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa 1

MOTHER
15. MAIDEN NAME: Martha Roberts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT (ADDRESS): Mrs. Emma Ellis, Macon, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Woodlawn-Macon DATE Mar. 7, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Albert Skinner, Macon, Mo

20. FILED 3/28, 1939 Leota Newton, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1939, to March 5, 1939
I last saw him alive on March 5, 1939, Death is said to have occurred on the date stated above, at 3:15A.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1930±
131	
Other contributory causes of importance: Chronic Myocarditis	1935±

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) T. F. Turner, M. D.
476 (Address) Macon, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

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.

50M-9-1938 I X16605

RECEIVED
District Health Officer No. 10
District File Number 16-39-646
Date Filed APR 20 1939

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 George D. Lile, Registered Apprentice No. ....., working under my personal supervision.

Signed George D. Lile

Licensed Embalmer No. 4066

P. O. Address Macon, 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, above space should be left blank.