REC'D MAY 19 1939

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

15137
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper 1 — Registration District No. 408

(b) Township — Primary Registration District No. 3020 — Registered No. 66

(c) City Carthage, Mo. — (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 422 Samuel Edwin Ellis

(a) Residence, No. 1803 S. Main St. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rebecca Maria Hewes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1854

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
84	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret. 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) Homewood Illinois 1

FATHER

13. NAME Lymon Ellis 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Illinois 9

MOTHER

15. MAIDEN NAME Adaline Bump

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Charles Lymon Ellis Omaha, Nebraska

18. BURIAL, CREMATION, OR REMOVAL PLACE Thornton, Ill. DATE 4-17-39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ulmer Funeral Home Carthage, Mo.

20. FILED April 17, 1939 E. J. McEntire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1937, to Apr 16, 1939

I last saw h. alive on Apr 16, 1939. Death is said to have occurred on the date stated above, at 10:25 m. a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	(?)
Chronic Bronchitis	(?)
BBC	
Other contributory causes of importance:	
Bronchial asthma	(?)
Senility	

Name of operation None Date of ____

What test confirmed diagnosis? Physical Was there an autopsy? No

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) George H. Ward M. D.

(Address) Carthage 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.

RECEIVED

District Health Officer No. 6,

District File Number 6-5-39-1059

Date Filed MAY 10 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 .....

Registered Apprentice No....., working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2222

P. O. Address Carthage

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

If this body is not embalmed, above space should be left blank.