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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. 548

Primary Registration District No. 5940. H323

1. PLACE OF DEATH:

(a) County Marion **2**
(b) City or town Palmyra
(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 1 year (Specify whether years, months or days)
In this community 1 year

3. (a) PRINT FULL NAME Sallie H. Ellis **420**

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife H.F. Ellis 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Oct. 6 1845
(Month) (Day) (Year)

8. AGE: Years 93 Months 11 Days 23 If less than one day hr. min.

9. Birthplace Lexington Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Granville Smith

13. Birthplace Ky.

14. Maiden name Sarah Boswell (State or foreign country)

15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Stanley Ellis

(b) Address Palmyra, Mo.

17. (a) Burial (b) Date thereof Oct. 1, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Ky.

18. (a) Signature of funeral director Lewis Mason

(b) Address Palmyra, Mo.

19. (a) Sept. 30-1939 (b) Verlunde Lee
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion **1**
(c) City or town Palmyra
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
year 1939 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 10, 1939 to Sept 29, 1939; that I last saw her alive on Sept 29, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Senile Degeneration of Arteries Duration
Chronic

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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?

(Specify type of place) While at work? (b) Means of injury: _____
23. Signature W. T. Powell (M. D. or other)
Address Palmyra Mo. Date signed _____

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 Me

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

Signed Geoff. Lewis

Licensed Embalmer No. 2382

P. O. Address Palmyra, 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.