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.

I X16605

2

REC'D NOV 18 1939

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

35368
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew, 2 Registration District No. 16

(b) Township Rochester, 1 Primary Registration District No. 5270 Registered No. 10

or

(c) City (d) Street No. 3 Mi. S.E., Helena, Mo. 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 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

420

2. PRINT FULL NAME Jasper F. Ellis,

(a) Residence, No. 3 Mi. S.E., Helena, Mo. St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Ellis,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6th, 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	63	10	28	

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. Farm

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) DeKalb County, Missouri, 6

FATHER

13. NAME Jasper Ellis, 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown, 9

MOTHER

15. MAIDEN NAME Ollie Snuffer,

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

17. INFORMANT (ADDRESS) Mrs. Jasper F. Ellis R.F.D. #1 Helena, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Hope Cem. DATE Oct. 5th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank A. Bowman Savannah, Mo.

20. FILED ....., 19.... ✓ 14

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 4th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4th, 1939, to Oct 4th, 1939

I last saw him alive on Oct. 4th, 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Cerebral Hemorrhage — Date of onset 10/4/39

Other contributory causes of importance:

Name of operation None 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) E. M. Reynolds, M. D.

(Address) Union Star, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 11,
District Fil... 1139-1539
Date Filed NOV 1 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 Oct. 4, 19..., Registered Apprentice No. —, working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So. 10th St. Joseph

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.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

35368
Do not use this space.

1. PLACE OF DEATH
(a) County: Andrew — Registration District No.: 16
(b) Township: Rochester — Primary Registration District No.: 2020 — Registered No.: 10
(c) City: R. — (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: Jasper F. Ellis
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma Ellis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 6 1875

7. AGE: Years 63 — Months 10 — Days 28 — 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.: Farm
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 COUNTY): DeKalb Co Mo

FATHER
13. NAME: Jasper Ellis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Ollie Duffer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo Brown

17. INFORMANT (ADDRESS): Mrs Jasper Ellis R. 70 D Helena Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: New Hope Cem DATE: Oct 5 1939

19. FUNERAL DIRECTOR (ADDRESS): Frank A. Bowman Savannah Mo

20. FILED: Oct 4 1939 Lora E. Frank, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 1939 to Oct 4 1939, I last saw him alive on Oct 4 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Clinic 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? .....
If so, specify .....
(Signed) E. M. Reynolds, M. D.
(Address) Union Star Mo

SUPPLEMENTAL

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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.