

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 6

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2825

Registration District No. 444

Primary Registration District No. 37603

Registrar's No. 3

52

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: ¹⁹⁴⁰ 2

(a) County Knox

(b) City or town Myrtle Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None

In this community 73 yrs (Specify whether years, months or days) 425

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox

(c) City or town (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. Myrtle Twp Knox County Mo
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Leon Smith Ellison

3. (b) If veteran, name war None

3. (c) Social Security No. None

20. DATE OF DEATH: Month Jan day 19
year 1940 hour 4 PM minute _____ M.

21. I hereby certify that I attended the deceased from Jan 11
_____, 1940, to Jan 19, 1940;

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased September 2nd 1866
(Month) (Day) (Year)

that I last saw him alive on Jan 18, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

8. AGE: Years 73 Months 3 Days 27 If less than one day 4 PM hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace Knox County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings:
Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Robert Ellison

13. Birthplace Poughkeepsie New York
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth S. Whiteaker

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Della E Oister

(b) Address Labelle Missouri

17. (a) Labelle Cemetery (b) Date thereof Jan 21 1940
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Labelle Cemetery

18. (a) Signature of funeral director James J. Hodson

(b) Address Labelle Missouri

19. (a) Jan 23/40 (b) Mrs C.M. Smith
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Fial McRaymond (M. D. or other) _____

Address Knox City Mo Date signed Jan 20, 40

RECEIVED

District Health Officer No. 10

District File Number 2-40-288

Date Filed FEB 5 1940

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.....

Norman D. Coder

....., Registered Apprentice No.

working under my personal supervision.

Signed *Norman D. Coder*

Licensed Embalmer No. 3721

P. O. Address Labelle, 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.