

FILED MAR 5 - 1940

Registration District No. **310** Primary Registration District No. **0429A**

1. PLACE OF DEATH:

(a) County Gentry *Cooper Township*
(b) City or town Darlington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry
(c) City or town Darlington
(If outside city or town limits, write "RURAL" and name of township)
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30
year 1940 hour 4:30 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from
Jan 30th, 1940, to Jan 30th, 1940
that I last saw her alive on Jan 30th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bronchial Pneumonia
Duration _____

Due to Unknown 3 days

Due to Unknown

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

Major findings: 107N
Of operations _____

Of autopsy _____

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)
(d) Means of injury _____

23. Signature W. S. Campbell (M. D. or other) 1
Address Albany, Mo. Date signed 1940

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME Loretta May Ellis

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 24 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 6 Days 6
If less than one day _____ hr. _____ min.

9. Birthplace Darlington Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Arthur Cecil Ellis

13. Birthplace Gentry Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Addie Stevens

15. Birthplace Gentry Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Cecil Ellis

(b) Address Darlington Mo.

17. (a) Burial (b) Date thereof Jan. 31, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rouse

18. (a) Signature of funeral director Leffert Buehler

(b) Address Albany, Mo.

19. (a) Jan 31, 1940 (b) Mattie Leonard
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 117

District File Number 340 200

Date Filed MAR 1 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.....

was not Emb., Registered Apprentice No.....
working under my personal supervision.

Signed Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany, 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.