

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11995

State File No. _____

Registration District No. 668

Primary Registration District No. 3092

Registrar's No. 127

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution:
714 E. Brewery Sedalia
(d) Length of stay: In hospital or institution _____
In this community 30 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis
(c) City or town Sedalia
(d) Street No. _____
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME MARGARET ELLEN ELLYSON
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 30
year 1940 hour 12 minute 46 A. M.
21. I hereby certify that I attended the deceased from July 1
1939 to March 30 1940
that I last saw h. er alive on March 30 1940
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife JOHN W. ELLYSON
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MARCH 9 1854
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis
Duration ?

8. AGE: Years 86 Months 0 Days 21
If less than one day hr. _____ min.

Due to _____
Due to _____

9. Birthplace VERNON COUNTY MO.
(City, town, or county) (State or foreign country)

Other conditions Fracture Rt Femur
(Include pregnancy within 3 months of death)

10. Usual occupation AT HOME

Major findings: on Aug 7 1939
Of operations _____

11. Industry or business SAME

Of autopsy no

12. Name WILLIAM PRYOR
13. Birthplace TENN.
14. Maiden name SARAH QUAY
15. Birthplace TENN.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? no
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

16. (a) Informant Mrs. Mollie Wright
(b) Address Sedalia

23. Signature Thos. B. Quisenberry M.D.
Address Sedalia Mo Date signed 3-20-40

17. (a) Burial (b) Date thereof 3-31-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation VERNON COUNTY Mo.

18. (a) Signature of funeral director Medaughlin Bros
(b) Address Sedalia Mo.

19. (a) 3-30-40 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-11-40

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.....

..... Licensed Embalmer No.....

P. O. Address.....

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.