

Registration District No. 863

Primary Registration District No. 6137

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Rural Pinyon July
(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)

3. (a) PRINT FULL NAME Adrin Ann Ellis 420

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 Widowed

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

7. Birth date of deceased Sent. 19 1861
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Indianapolis Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Rengamen Ratliff

13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Sarah J. Hitchens

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

16. (a) Informant's own signature Bertrude Foster

(b) Address Rucyrus, Mo.

17. (a) Burial (b) Date thereof 3/9 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation German

18. (a) Signature of funeral director Rayford V. Elliott

(b) Address Houston, Mo.

19. (a) 3-9-40 (b) Mabel Shackell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1940 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Feb 20, 1940 to Mar 7, 1940
that I last saw h. or alive on Nov 1, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Paralysis, Nephritis & Senility Duration _____

Due to _____

Due to 121

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. H. Harrison (M. D. or other) _____

Address Houston, Mo. Date signed 3-8-40

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.

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.....

RECEIVED
working under my personal supervision.

District Health Officer No. 5,

District File Number 440394

Date Filed 4/1/40

Signed Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, Tex

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.